

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
10/1/2020 - 12/31/2020	10/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		head slammed into the wall;she feels groggy and weird, she has been vomiting daily since the incident, she feels groggy like she has not slept, she cont having mild bruising and edema of frontal head, dizziness, mild bruising under both eyes.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020		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.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	unknown; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Forgetfulness, tachycardia, transient altered mental status, change in speech and cognitive status, hypertension; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	rule out cancer as cause for hiccups; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/10/2020; There has been treatment or conservative therapy.; right side weakness, aphasia; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MVC CLOSED HEAD INJURY; This study is being ordered for trauma or injury.; 10/03/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No Info Given; This study is 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.; Dizziness, Blurred Vision, and Roaring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 11/10/2020; There has been treatment or conservative therapy.; right side weakness, aphasia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MVC CLOSED HEAD INJURY; This study is being ordered for trauma or injury.; 10/03/2020; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	No Info Given; This study is 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.; Dizziness, Blurred Vision, and Roaring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2 MONTH FOLLOW-UP.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Memory loss short-term memory loss, gradual, chronic, worsening; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; New onset within the past month describes the headache's character.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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.; Abnormal Chest X-Ray showing prominent calcifications and radiologist recommended CT Chest with Contrast as this was a new findings from previous X-Ray; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	patient recently had a stent. she is on blood thinner and there is a hematoma above the location where the stent was placed. The provider is concerned there may be complications from the stent placement.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient has already had a Cervical Spine MRI and it was abnormal. The patient is having worsening symptoms - MRI showed abnormalities of the entire C7 vertebra.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 6 months ago; There has been treatment or conservative therapy.; She has had worsening hand pain over the last few months. The pain is primarily at the base of the thumb and is getting worse.; NSAIDS and anti-inflammatories; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 6 months ago; There has been treatment or conservative therapy.; She has had worsening hand pain over the last few months. The pain is primarily at the base of the thumb and is getting worse.; NSAIDS and anti-inflammatory; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre- operative evaluation	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Foot Drop is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Pain started in September without injury, first was evaluated for shoulder pain on 11/2/20.;Left shoulder pain patient implemented exercises and stretches, starting on 11/17/20. Patient has completed steroid taper without relief of symptoms. Reports she ; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	newly diagnosed cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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.; The murmur is grade III (3) or greater.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	unknown; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Forgetfulness, tachycardia, transient altered mental status, change in speech and cognitive status, hypertension; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Memory problems, memory loss.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This procedure is being requested for other indications This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had abnormal chest Xray that recommended CT of chest and neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2020; There has been treatment or conservative therapy.; Cough, weakness, fatigue; Steroids, inhaler, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	thyroid gland; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Father died of Brain 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.; Patient has been having headaches and dizziness and there is a family history of brain tumor. Patients father died of a brain tumor.; There has not been any treatment or conservative therapy.; Headache 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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.; Known or suspected normal pressure hydrocephalus best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; unknown; There has been treatment or conservative therapy.; Forgetfulness, tachycardia, transient altered mental status, change in speech and cognitive status, hypertension; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; recurrent hiccups; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; recurrent hiccups; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal chest x ray, 2cm x 1cm retrosternal 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Endometrial cancer, recurrence suspected ;clear cell carcinoma of the endometrium with recurrent metastatic disease to the colon; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; Patient has xray showing eventration of the right hemidiaphragm. Patient has had a chronic cough for over a year. Patient is complaining for having a cough X2-3 times a week after getting wet while working outside.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient had abnormal chest Xray that recommended CT of chest and neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2020; There has been treatment or conservative therapy.; Cough, weakness, fatigue; Steroids, inhaler, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Physical Exam Findings: Pt presents with 1 week history of symptoms including chest tightness, cough, wheezing, low grade;fever and headache. She had the COVID 19 infection about 4 weeks ago. Since then has had difficulty with asthma;symptoms off and ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had CT 6 years ago and was recommended that follow up for suspicious mass be done in one year. Pt never followed up with that repeat CT until now; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Father died of Brain 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.; Patient has been having headaches and dizziness and there is a family history of brain tumor. Patients father died of a brain tumor.; There has not been any treatment or conservative therapy.; Headache 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/06/2020; There has been treatment or conservative therapy.; Numbness, tingling; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 8/28/2020; There has been treatment or conservative therapy.; Numbness, tingling, and pain.; Pt; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Unknown; There has been treatment or conservative therapy.; Pain; Pt, and home exercise; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a couple of times a month with episodes that is relieved with Imitrex. Her Previous; may have started 10 years ago following a MVC where she was driving at 70 mph when her tire blew out causing her to lose control of vehicle and rolled 6 times. Per patient her head shattered the window glass causing a head injury with loss of consciousness; There has been treatment or conservative therapy.; Headaches and seizures with blurred vision, slurred speech, light headedness,;;She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a; started on Keppra but developed Keppra rage and was stopped. She also was tried on Lamictal and developed a rash. She was put on Topamax 200mg BID which she continues to take. She reports that she had decrease in appetite and slight weight loss with incre; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity unequal reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a couple of times a month with episodes that is relieved with Imitrex. Her Previous; may have started 10 years ago following a MVC where she was driving at 70 mph when her tire blew out causing her to lose control of vehicle and rolled 6 times. Per patient her head shattered the window glass causing a head injury with loss of consciousness; There has been treatment or conservative therapy.; Headaches and seizures with blurred vision, slurred speech, light headedness, ;;She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a; started on Keppra but developed Keppra rage and was stopped. She also was tried on Lamictal and developed a rash. She was put on Topamax 200mg BID which she continues to take. She reports that she had decrease in appetite and slight weight loss with incre; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 8/28/2020; There has been treatment or conservative therapy.; Numbness, tingling, and pain.; Pt; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Unknown; There has been treatment or conservative therapy.; Pain; Pt, and home exercise; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a couple of times a month with episodes that is relieved with Imitrex. Her Previous; may have started 10 years ago following a MVC where she was driving at 70 mph when her tire blew out causing her to lose control of vehicle and rolled 6 times. Per patient her head shattered the window glass causing a head injury with loss of consciousness; There has been treatment or conservative therapy.; Headaches and seizures with blurred vision, slurred speech, light headedness,;;She continues to have events where she gets blurred vision, slurred speech, light headedness, became anxious, which lasted 2-4 minutes. She also reports she gets headaches a; started on Keppra but developed Keppra rage and was stopped. She also was tried on Lamictal and developed a rash. She was put on Topamax 200mg BID which she continues to take. She reports that she had decrease in appetite and slight weight loss with incre; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBl.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBl.; This case was created via BBl.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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 patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/06/2020; There has been treatment or conservative therapy.; Numbness, tingling; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	Radiology Services Denied Not Medically Necessary	Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 was instructed on home exercises to do on the road since he is a truck driver and makes it hard for him to get to OP PT. He followed the exercise and medication instructions since August with no improvement.; The patient received oral analgesics.	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; recurrent hiccups; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; recurrent hiccups; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Endometrial cancer, recurrence suspected ;clear cell carcinoma of the endometrium with recurrent metastatic disease to the colon; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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); Upper abdomen pain; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	Endometrial cancer, recurrence suspected ;clear cell carcinoma of the endometrium with recurrent metastatic disease to the colon; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Advanced Practice Registered Nurse	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Allergy & Immunology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Allergy & Immunology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ambulatory/Walk-in Clinic	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ambulatory/Walk-in Clinic	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without		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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 radiculopathy documented on EMG or nerve conduction study.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.; LBP is now worse-he denies previous Hx of LBP, feels it's worse since truck accident. He needs lumbar MRI and then consider LESI and/or B L4/5, L5/S1 facets based on lumbar MRI. Previous therapies include PT in January 10-20, 2020 while hospitalized, HEP ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 12-02-2020; There has been treatment or conservative therapy.; Described as: Stabbing Pressure Numb/tingling; Radiation: right L5 to ankle. ;Intensity 8/10.; Exacerbated by: Bending Sitting; Alleviated by: Lying Down; At home exercises and Have you tried NSAIDs: yes , for 4 weeks.; Pain Meds: Muscle relaxers Tramadol; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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, the last Cervical spine MRI was performed within the past two weeks.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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.; Enter Additional Clinical Information&gt;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	It is not known if the study is for follow up or staging.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Mid back pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 lower extremity weakness documented on physical exam.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have a new foot drop.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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?	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 10-01-2020; There has been treatment or conservative therapy.; Neck and low back pain that radiates to upper and lower extremities. Decreased sensation in LE. Loss of strength in UE and LE. Gait is asymmetric and abnormal.; Muscle pain, cramps, weakness, shoulder pain, joint stiffness, numbness, tremors.; Patient has tried and failed activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 12-02-2020; There has been treatment or conservative therapy.; Described as: Stabbing Pressure Numb/tingling; Radiation: right L5 to ankle. ; Intensity 8/10.; Exacerbated by: Bending Sitting; Alleviated by: Lying Down; At home exercises and Have you tried NSAIDs: yes , for 4 weeks.; Pain Meds: Muscle relaxers Tramadol; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Enter date of 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	23 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has Neurological deficit(s)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	35 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Dermatomal sensory changes on physical examination	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; None of the above are documented.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	22 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 arthrscopy is scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	the pain is aching, dull, sharp, tingling and;pressure. On a numerical rating scale, the patient states her pain at its worst is 7 out of 10; This study is being ordered for a neurological disorder.; 02/05/2015; There has been treatment or conservative therapy.; left foot pain, ankle pain, unable to bear weight,locking popping; Nsaid 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness.; polyarthralgia.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 10-01-2020; There has been treatment or conservative therapy.; Neck and low back pain that radiates to upper and lower extremities. Decreased sensation in LE. Loss of strength in UE and LE. Gait is asymmetric and abnormal.; Muscle pain, cramps, weakness, shoulder pain, joint stiffness, numbness, tremors.; Patient has tried and failed activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; NECK PAIN HAS BEEN GOING ON 2 YEARS PLUS, SURGERY HAS BEEN PERFORMED. ; LUMBAR PAIN HAS BEEN GOING ON FOR 4 MONTHS; There has been treatment or conservative therapy.; PAIN, NUMBNESS, TINGLING, WEAKNESS; SURGERY, MEDICATION, INJECTIONS, THERAPY; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 or injury.; A FEW MONTHS; There has been treatment or conservative therapy.; PAIN; SEPTEMBER 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 2018; There has been treatment or conservative therapy.; Chronic Pain in back and neck, degenerative disc disorder, arthritis, disc narrowing, torn meniscus; Physical Therapy.; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pre-procedural evaluation of symptoms; More than two year ago; There has been treatment or conservative therapy.; burning, numbness and tingling. Severe radiating pain.; Physical Therapy, epidural steroid injections, prescription pain medications, prescription muscle relaxants, home exercise program, nsaid; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Neurological exam findings or deficits are Not documented or unknown; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	We are needing to see if there is a change in pathology or what is causing patient to have such increasing amounts of pain, to include numbness.; We have been treating him for his pain since June 2019. His pain has been affecting him before that time frame.; There has been treatment or conservative therapy.; Lumbar Radiculopathy;Lower Back Pain;;Cervical Radiculopathy;Cervicalgia;Bilateral Upper Extremity Numbness; 9/3/20 to 10/15/20 - Physical Therapy;;Several Epidural Steroid Injections over the years.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 completed 6 weeks of physical therapy?	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 not scheduled within the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; NECK PAIN HAS BEEN GOING ON 2YEARS PLUS, SURGERY HAS BEN PREFORMED. ;LUMBAR PAIN HAS BEEN GOING ON FOR 4 MONTHS; There has been treatment or conservative therapy.; PAIN, NUMBNESS, TINGLING, WEAKNESS; SURGERY, MEDICATION, INJECTIONS, THERAPY; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 2018; There has been treatment or conservative therapy.; Chronic Pain in back and neck, degenerative disc disorder, arthritis, disnarrowing , torn meniscus; Physical Therapy.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	pre-procedural evaluation of symptoms; More than two year ago; There has been treatment or conservative therapy.; burning, numbness and tingling. Severe radiating pain.; Physical Therapy, epidural steroid injections, prescription pain medications, prescription muscle relaxants, home exercise program, nsaid; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	18 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is NOT new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	We are needing to see if there is a change in pathology or what is causing patient to have such increasing amounts of pain, to include numbness.; We have been treating him for his pain since June 2019. His pain has been affecting him before that time frame.; There has been treatment or conservative therapy.; Lumbar Radiculopathy;Lower Back Pain;;Cervical Radiculopathy;Cervicalgia;Bilateral Upper Extremity Numbness; 9/3/20 to 10/15/20 - Physical Therapy;;Several Epidural Steroid Injections over the years.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; A FEW MONTHS; There has been treatment or conservative therapy.; PAIN; SEPTEMBER 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; Neuropathy of both feet due to Trauma	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Suspected meniscal tear; This study is being ordered for trauma or injury.; 08/06/2020; There has been treatment or conservative therapy.; Knee pain , locking , popping unable to bear weight; Physical therapy 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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 had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Anesthesiology	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1986; It is not known if there has been any treatment or conservative therapy.; Shortness of breath, vomiting, sweating, severe symptomatic aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1986; It is not known if there has been any treatment or conservative therapy.; Shortness of breath, vomiting, sweating, severe symptomatic aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast		Yes, this is a request for CT Angiography of the Neck.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This 64 year old male presents for PVD.;Patient is a 64-year-old gentleman well known to me from previous vascular surgery of both his right and left legs as well as bilateral carotid arteries. The patient is also status post previous percutaneous inter; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 12/10/2019; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	annual follow up from procedure in 4/2018; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; This study is being ordered for Vascular Disease.; Patient has severe aortic stenosis TAVR is needed for Pt; There has been treatment or conservative therapy.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed,	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 12/10/2019; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; This study is being ordered for Vascular Disease.; Patient has severe aortic stenosis TAVR is needed for Pt; There has been treatment or conservative therapy.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	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 aneurysms 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	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 severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; This study is being ordered for Vascular Disease.; Patient has severe aortic stenosis TAVR is needed for Pt; There has been treatment or conservative therapy.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; Pt has severe aortic stenosis has other blockage in valves that have been stented in the past the aorta has to be replaced.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	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	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,		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 has congestive heart failure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	r/o hernia under previous VATS incision; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Clinicals to be uploaded.; This study is 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 to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Surveillance of known ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This 51 year old male presents for CAD and Chest Pain.;This 51 year old male presents for CAD.;Danny Thomas is a 51 year old gentleman with history of coronary artery disease. He is status post CABG x 3 by Dr. Havdala in May 2019. Diagnostic cath in J; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Clinicals to be uploaded.; This study is 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 to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiac Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 09/20/2018; There has been treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	follow up stent; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient also has a murmur, light head, numbness; This study is being ordered for Vascular Disease.; February 2020; There has been treatment or conservative therapy.; Dizziness, numbness, unsteady gait, carotid bruising, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 09/20/2018; There has been treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	follow up stent; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient also has a murmur, light head, numbness; This study is being ordered for Vascular Disease.; February 2020; There has been treatment or conservative therapy.; Dizziness, numbness, unsteady gait, carotid bruising, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	11/16/2020; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Checking for Dilated aortic root, aortic root 4.4 cm (12/2020). It was 4.0 cm 6 months ago. Pt also have syncope and second degree AV block; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	patient has rise in creatinine may have been related to his recent COIVD infection. Suspect some residual pulmonary inflammation, he is having pleurisy, also possibility of pulmonary emboli. Also possibility of myocarditis related to Covid 19 need to CT o; A Chest/Thorax 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 positive.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	post-operative 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	several pulmonary nodules seen on CT Chest in Sept 2019 and are continuing to monitor as recommended by guidelines.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	The request is for a chest, thoracic or sternoclavicular joint CT.; "There is not a nodule, coin lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is being requested prior to surgery or as part of lung biopsy.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 10/14/2020; There has been treatment or conservative therapy.; Ms. Reyes reports feeling tired. She is lately more short of breath while running. She runs about 3 to 4 miles, 3 days a week.; Bicuspid aortic valve, mild nonrheumatic AI: We will get CTA aorta to evaluate for aortopathy. Emphasized good dental hygiene, we discussed about screening children for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; sob;htn; There has been 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	DILATED AORTIC ROOT 4.3CM ON AAA CT, NEED FURTHER EVALUATION.Bicuspid aortic valve,On warfarin. Hyperlipidemia,History of mechanical aortic valve replacement. ALSO HAVING SOB; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ECHO WAS COMPLETED ON 11/6/20 WHICH SHOWED A MASS IN THE IVC. THIS STUDY IS BEING ORDERED TO FURTHER EVALUATE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/06/2020; There has been treatment or conservative therapy.; SOB, HTN, HISTORY OF AORTIC VALVE REPLACEMENT; ECHOCARDIOGRAM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 11/03/2019; There has been treatment or conservative therapy.; chest pain / sycopy / palpitations; beta blockers ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	faxing records; This study is being ordered for Vascular Disease.; faxing records; There has been treatment or conservative therapy.; faxing records; faxing records; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	FOLLOW UP FROM A mildly dilated aortic root seen on an ECHO; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has a history of thoracic aortic aneurysm that was discovered during a coronary calcium score. His last CT in August 2019 showed a 4 cm ascending aortic aneurysm. NEEDS REPEAT OF CTA OF CHEST; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; This study is being ordered for Vascular Disease.; Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; There has been treatment or conservative therapy.; dyspnea on exertion; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 05/26/2020; There has not been any treatment or conservative therapy.; CP leg pain SOB 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has a Abdominal Aortic Aneurysm without rupture. Had last cta in 2018; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient has shortness of breath due to being diagnosed with COVID; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient needs his annual CTA evaluation for thoracic aortic aneurysm. Patient has atrial fibrillation and hypertension as well.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Randall G Caple is a 53 y.o. male who presents for a 2 week follow up for BP recheck. Patient of Dr. Vengala in our clinic. Pertinent history includes NICM, HFrEF LVEF 30 percent sp ICD, LVH, Mild AR, Mild Diastolic Dysfunction and Tobacco Abuse. Other; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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 or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed,	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Hyper plastic left heart syndrome and post status fontane; This study is being ordered for Congenital Anomaly.; 07/05/2001 (Since Birth); There has been treatment or conservative therapy.; Intermed Palpitations with activity.; Medications and routine clinic visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	PT may in fact require placement of a competent pulmonary valve, however does not appear to meet criteria for valve implantation at this time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/1987; There has been treatment or conservative therapy.; Moderate to severe chronic pulmonary insufficiency, with only mild to moderate associated RV dilatation; Decreased exercise capacity, complicated by scoliosis, combined obstructive and restrictive lung disease; History of tetralogy of Fallot repair at 4 months of age; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast	This is a request for a pelvis CT angiography.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Patient had abnormal arterial ultrasound suggestive of below the knee PAD.; Is this a request for one of the following? MR Angiogram lower extremity	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; 10/14/2020; There has been treatment or conservative therapy.; Ms. Reyes reports feeling tired. She is lately more short of breath while running. She runs about 3 to 4 miles, 3 days a week.; Bicuspid aortic valve, mild nonrheumatic AI: We will get CTA aorta to evaluate for aortopathy. Emphasized good dental hygiene, we discussed about screening children for 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; 11/03/2019; There has been treatment or conservative therapy.; chest pain / sycopy / palpitations; beta blockers ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	faxing records; This study is being ordered for Vascular Disease.; faxing records; There has been treatment or conservative therapy.; faxing records; faxing records; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; This study is being ordered for Vascular Disease.; Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; There has been treatment or conservative therapy.; dyspnea on exertion; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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.; 05/26/2020; There has not been any treatment or conservative therapy.; CP leg pain SOB 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pre TAVR eval; This study is being ordered for Vascular Disease.; 12/20/2020; There has not been any treatment or conservative therapy.; severe aortic valve stenosis, edema, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PRE TAVR evaluation of heart valve to determine if valve replacement is needed.; This study is being ordered for Vascular Disease.; 7/27/2020; There has not been any treatment or conservative therapy.; Moderate to severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pre TAVR evaluation; This study is being ordered for Vascular Disease.; 2020; There has not been any treatment or conservative therapy.; shortness of breath, coronary artery disease severe aortic stenosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PRE TAVR screening; This study is being ordered for Vascular Disease.; 10-01-2020; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	symptomatic severe aortic stenosis; This study is being ordered for Vascular Disease.; 11-3-2020; There has not been any treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; sob;htn; There has been 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	ECHO WAS COMPLETED ON 11/6/20 WHICH SHOWED A MASS IN THE IVC. THIS STUDY IS BEING ORDERED TO FURTHER EVALUATE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/06/2020; There has been treatment or conservative therapy.; SOB, HTN, HISTORY OF AORTIC VALVE REPLACEMENT; ECHOCARDIOGRAM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the abdomen.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/16/2020; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or	This is a request for a MR Angiogram of the abdomen.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Hyper plastic left heart syndrome and post status fontane; This study is being ordered for Congenital Anomaly.; 07/05/2001 (Since Birth); There has been treatment or conservative therapy.; Intermed Palpitations with activity.; Medications and routine clinic visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	PT may in fact require placement of a competent pulmonary valve, however does not appear to meet criteria for valve implantation at this time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/1987; There has been treatment or conservative therapy.; Moderate to severe chronic pulmonary insufficiency, with only mild to moderate associated RV dilatation; Decreased exercise capacity, complicated by scoliosis, combined obstructive and restrictive lung disease; History of tetralogy of Fallot repair at 4 months of age; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function	This is a request for a heart or cardiac MRI	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	AFib on device report - 100% since 03.07.20; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/07/2020; There has been treatment or conservative therapy.; AFIB; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; This study is being ordered for Vascular Disease.; Mr. Smith presents today for evaluation. He underwent an echocardiogram, which revealed severe aortic stenosis with a mean gradient of 54 mmHg. He does complain of dyspnea on exertion, which is progressive and has now begun to limit his activities with ; There has been treatment or conservative therapy.; dyspnea on exertion; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Persistent Afib!; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/08/20; There has been treatment or conservative therapy.; Pt has persistent Afib!; medications, and tried to cardiovert 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	This is a request for a Heart CT.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing,	This is a request for Heart CT Congenital Studies.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	CTA of the coronary arteries to exclude any change in coronary artery disease that may have occurred over the past 15 years. This is because of her continued exertional dyspnea particularly walking up inclines despite having a normal appearing stress tes; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	pre TAVR eval; This study is being ordered for Vascular Disease.; 12/20/2020; There has not been any treatment or conservative therapy.; severe aortic valve stenosis, edema, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	PRE TAVR evaluation of heart valve to determine if valve replacement is needed.; This study is being ordered for Vascular Disease.; 7/27/2020; There has not been any treatment or conservative therapy.; Moderate to severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Pre TAVR evaluation; This study is being ordered for Vascular Disease.; 2020; There has not been any treatment or conservative therapy.; shortness of breath, coronary artery disease severe aortic stenosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	PRE TAVR screening; This study is being ordered for Vascular Disease.; 10-01-2020; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	PT IS HAVING PERSISTENT EPISODES OF CHEST PAIN; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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)	Stress echo on 11/11/2020 showed Stage 2: Post: basal anteroseptal segment is abnormal. Positive stress echo suggestive of ischemia. Patient is a current smoker with chest pain, palpitations and dizziness.; This is a request for CTA Coronary Arteries.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	symptomatic severe aortic stenosis; This study is being ordered for Vascular Disease.; 11-3-2020; There has not been any treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/12/2020; There has been treatment or conservative therapy.; acute ischemia, right lower extremity; mechanical thrombectomy over right anterior tibial anterior artery and right posterior tibial artery, angioplasty; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	38 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	; 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2020; There has not been any treatment or conservative therapy.; Pt has chest pain , shortness of breath 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for Vascular Disease.; coronary artery disease due to calcified coronary lesion;chest pain syndrome;syncope and collapse;benign hypertension; There has not been any treatment or conservative therapy.; coronary artery dx due to calcified coronary lesion;chest pain syndrome;hyperlipidemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	. 3. Coronary artery disease -- CAD s/p PCI to LAD, RCA and diagonal in 11/16/15 per Dr. Stoy. Most recent LHC with PTCA to LAD per Dr. Rudorfer in 06/2020. C/o DOE with fatigue, given patient history of CAD and previous interventions, this is concern; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Chest discomfort in the patient at intermediate risk for having coronary artery disease, likely indicative of angina.;2. Hypertension: Blood pressure is elevated, and the patient states that she recently started metoprolol.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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. Coronary artery disease: Status post STEMI with PCI to the mid LAD LAD. He is currently tolerating medical therapy. He does report some upper epigastric burning. Occurs after meals. He has not required any sublingual nitro. No specific chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1. New left bundle-branch block.;2. Edema, despite diuretics.;3. Dizziness.;4. Hypertension, good control.;5. Nonobstructive carotid disease, asymptomatic.;6. Trace-to-mild mitral regurgitation.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	01. Body mass index (BMI) 24.0-24.9, adult;02. Other hyperlipidemia;03. Peripheral vascular disease;1.COPD, status post lung cancer with home oxygen.;2.Chest pain in a patient with peripheral vascular disease. We will get an MPI and echo.;3.Tobac; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	01. Body mass index (BMI) 40.0-44.9, adult;02. Essential (primary) hypertension;03. Hypercholesteremia;04. Diabetes mellitus without complication;05. Chest pain in adult;06. Chronic obstructive pulmonary disease, unspecified COPD type;History of hyp; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. CAD s/p PCI OM (DES; 12/2018) now with angina;2. Mixed ischemic/nonischemic cardiomyopathy (EF 25%) - stable;3. Hypertension - stable;4. Hyperlipidemia;5. Systemic lupus erythematosus; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	01. Essential hypertension;02. PAF (paroxysmal atrial fibrillation);03. Mixed hyperlipidemia;1. Shortness of breath: The patient has been complaining of shortness of breath. An echo was done today and the results are pending. The symptoms she descr; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Hyperlipidemia, Unspecified; 2. Essential (primary) Hypertension; 3. Cerebral Infarction, Unspecified; 4. Chest pain, unspecified; 5. Presence Of Cardiac And Vascular Implant And Graft, Unspecified; 6. Weakness; *Mentally delayed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Nondiagnostic electrocardiogram stress test due to submaximal heart rate.;2. Severe hypertensive response to exercise.;3. Markedly reduced exercise tolerance.;4. Pharmacological myocardial perfusion imaging is recommended.;Coronary artery disease; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	01. PAF (paroxysmal atrial fibrillation);02. Essential hypertension;03. Mixed hyperlipidemia;1. Chronic systolic heart failure EF 60-65% per echo in 2018. States she has not taken Coreg in several months. States she ran out of refills and was then inca; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Precordial discomfort, atypical, but she is diabetic. We will go ahead and rule out ischemia with an exercise treadmill stress test. In addition we will check an echocardiogram to rule out structural heart abnormalities.;2. Palpitations with no red 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 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. S/P inferior MI-s/p DES to cx 7/15;2. CAD-stable at present ;3. CHF-no evidence of decompensation at present. EF 30-35% on echo 7/19 with grade II diastolic function. More recent echo 11/20 showed EF had decreased to 15-20% with grade III diastolic d; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Abnormal exercise stress EKG;;Shortness of breath;;Chronic diastolic heart failure;;Diabetes mellitus type 2;;Aortic stenosis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Angina, known CAD, Shortness of breath, Hypertension. Chest pain is relieved with nitroglycerin.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Angina, shortness of breath, murmur on exam, hypertension, Coronary artery dx; This study is being ordered for Vascular Disease.; November 6, 2020 office visit with physician patient reports has been going on x6 months; There has been treatment or conservative therapy.; Chest pain, chest pressure compatible with angina, shortness of breath, murmur; Pharmacological 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Angina/Dyspnea on exertion;Abnormal EKG; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	BMI 35.18; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Bonnie P Rhoden is a 55 y.o. Caucasian female who presents for to establish care and for a hospital follow up after a 10/09/20-10/11/20 for admission for dyspnea in the setting of new onset of HFrEF. She will be followed by Dr Tata who saw her in consulta; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	CAD status post PCI;Myocardial infarctions March/2/20;Hypertension;Hyperlipidemia;Chronic kidney disease secondary to the use of NSAIDs;Diabetes mellitus type 2;Neuropathy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	check for ischemia; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 discomfort and palpitations with dyspnea;;strong family hx heart disease;;Type 2 diabetic;;Pt attempted treadmill stress test and is unable to ambulate TM due to pinched nerve in his back; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 discomfort; shortness of breath; exertional dyspnea;Quality: aching;Severity: severe;Duration: lasts minutes;Context: exertional.chest pain on exertion and shortness of breath when walking.; Chest pain;R07.9: Chest pain, unspecified;CHEST PA; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 left arm pain;history of colon cancer;obstructive sleep apnea;hypertension;ex smoker 20 years pack of day; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 PRESSURE-WORSE WITH ACTIVITY, EXERTIONAL DYSPNEA, PVD-CRAMPING AND INTERFERES WITH ACTIVITY. NO HX OF CAD. PT IS A DIABETIC,HTN, Abdominal Aortic Atherosclerosis,Hypothyroidism, Chronic Kidney Disease, Stage 3, Hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 short of breath. experienced an episode of angina and syncope while walking; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 THAT RADIATES TO HER BACK, EXERTIONAL, ALSO SOB WITH EXERTION. HX OF PCI LEFT HEART CATH AND DEFIBRILLATOR. ;PT HAS SYSTOLIC MURMUR; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Chest pain, ACS suspected; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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, 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.; 07/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Chronic systolic and diastolic heart failure with severely reduced LV systolic function currently well compensated. We will get a Lexiscan nuclear stress test for workup of the severely reduced ejection fraction. She is unable to ambulate on a treadmill; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	complaints of shortness of breath when walking. She complains of having edema in both legs. She states her left is worst than the right leg, and she did have a recent episode of tachycardia and went to the hospital. medications reviewed.CAD: S/P cabg. asa; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	cp, 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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	CP; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	diabetic, known CAD, can not walk on treadmill.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	dyspnea with exertion;type 2 diabetes mellitus;smoker x 45yrs;hypertension;bmi 38; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	ekg form er shows sinus rhythm with left bundle branch block was old; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Elizabeth H Harmon is a 71 y.o. female, with PMH of cryptogenic stroke dyslipidemia with h/o dyspnea on exertion mainly walking uphill or walking flight of stairs for last 1 year not getting worse remains the same. She says that she feels fatigued and los; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	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; 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 WEEKS AGO; There has not been any treatment or conservative therapy.; SHORTNRESS 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Enter answer here - or Type In Unknown If;SOB w/ Exertion; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Has chronic SOB.Has occasional chest pain, on 12/9 had severe one and has to take NTG. Not bad as before the PCI.DM; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Having exertional dyspnea, daily life, at times associated chest pressure, ie angina, no radiation, and take NTG , does not help, and fatigue...dietr carbs low glycemic index and weight loss.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	He has three episode of atypical chest pain since his back surgery Coronary artery disease due to calcified coronary lesion C/O chest pain intermittently, only at rest. No exertional chest pain or SOB. Denies lower extremity swelling. Has OSA but does not; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	He's been experiencing symptoms of dyspnea on exertion over the past 5-6 months. He can walk about 100 feet before having to stop. From time to time he does notice some pressure in his chest. EKG shows small Q waves inferiorly suggestive of previous infar; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Hx CABG x 4 vessels currently having chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	hx cad with stent, recent Cardiovascular Procedure - 10/08/2020 - Abdominal Angiogram with Bilateral LE Runoff with 30% lesion. ;**c/o chest pressure** worse with exertion, relieved with rest; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	HX OF CAD WITH DOE which has been getting worse over the last 6 months. HAS CARDIAC STENTS-2018. HX COPD, HTN, CURRENT EVERY DAY SMOKER, Diastolic heart failure - EF 60-65% ECHO DONE 09/2020, Atrial flutter - remains in a SR. AND PVD.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	intermittent random chest pain; dyspnea on exertion; unable to walk long distances due to orthopedic reasons; a-fib; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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)	Known CAD, with history of CVA and renal artery stenosis. History of Hypertension, Hyperlipidemia and Diabetes Mellitus.; This study is being ordered for Vascular Disease.; 11/15/20; There has been treatment or conservative therapy.; Chest pain with radiation to her back relieved with rest. History of HTN and DM, CVA, Hyperlipidemia; Pt has history of CAD s/p stenting. Medical management s/p stenting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Mathis Orrell is a 44 year old male with a past medical history of GERD, Dizziness, Headaches, Fainting, HTN and MI. He has a family history of ischemic heart disease. He was contacted today via Telehealth for an 11 month follow up. Since I last saw him h; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Middle-aged AA woman with atypical chest pain. Her risk factors includes HTN, HPL. Would get a MPI study to further risk stratify. Will get an echo to assess for SHD. Will get full set of labs in the hospital as well. RTC next month with above workup, fur; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Mr. Alghazali is a 55 year old Middle Eastern man with a past medical history of coronary artery disease s/p CABG x4 (2018, SVI) and hyperlipidemia, and has a history of tobacco use. He is referred by his primary care physician, Dr. Abdulmuttaleb Al Souf; This study is 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.; LEFT SIDED CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS;; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Mr. Holliman is a 68 year old gentleman (retired, factory worker) with significant history for mild tricuspid regurgitation, LVH, HTN, and GERD, followed by Dr. Staggs, here for annual follow up. No medication changes were made at the last visit. Since the; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Mr. Wilson is a pleasant 34 years old gentleman, with a stable medical history of aortic valve regurgitation, mild aortic root dilatation, tobacco abuse, who was referred to this office by his primary care physician Dr. Calero due to aortic root dilatatio; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Mrs. Thompson is a 64 y/o female with a hx of COPD and tobacco dependence. Pt also has a family hx of CAD. Here for evaluation of chest pain and SOB. ; For the past few weeks c/o right sided chest pain. Sharp. Severe. Radiated to her back and front; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Ms. Jackson is a 66 yo wmn who was last seen 12/16/19. She is here today for annual visit. She has hx of PVD, CAD, tobacco dependence. ; She is s/p PCI RCA 4/17 with residual non obs CAD. ; Reports has been feeling well. Denies any hospitali; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Ms. Lovett is a 58 year old BW with a past medical history of asthma, DM, Bell's palsy, arthritis, and hypertension. She has been referred today by Johnnie Kelsey (Timmothy Reece). She is a previous patient of Dr. Dharamsey and Dr. Lee Davis and has not; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH WITH EXERTION; CHEST PAIN; LOWER EXTERMITY 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Ms. Taylor is a nice 62-year-old woman with no previous diagnosis of heart disease, although she does have a strong family history of such. She reports chest discomfort, which occurred initially about a month ago while she was in the doctor's office, des; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	na; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	NO PREV. HX CAD, DOES HAVE SOB WITH EXERTION AND UNSTABLE ANGINA. HX DIABETES, CURRENT SMOKER, COPD, HTN AND OBESITY. BMI 36.8;ALSO HAS LE EDEMA;HX OF METH AND THC USE, QUIT 6 YRS AGO; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Non-diagnostic secondary to inability to achieve target heart rate.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	NSTEMI on 10/20/2019 and underwent Successful PCI to mid LAD ISR, NEW SYMPTOMS OF SEVERE CHEST PAIN AND HIGH BP.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	palpitations, cp, cad, smoker, hyperlipidemia, hypertension, familt hx of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Pamela R Boykins is a pleasant 41 y.o.female with a past medical history of HTN,OSA,Hypercholesterolemia.She comes in today as a New Patient referred by Dr.Sullivan for a Atypical Chest Pains.She does complain of SOB with exertion and lasting a few minut; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Paroxysmal afib, in NSR today, however was d/c from ammc on eliquis for cva prevention and cardizem for rate control in August and patient has not been taking them, denies any further syncopal episodes ;2. Dyspnea, worsening recently, more with exertion ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 newly diagnosed with coronary artery disease seen on a catscan of the chest. Patient is having shortness of breath on exertion and cannot walk a treadmill adequately. Patient has to stop frequently when walking any distance due to the shortness ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 comes in today after Ed visit on September 30,2020 for Chest Pains.he denies any Shortness of breath.he does complain of a constant left side Chest Pains and pressure lasting throughout the day and resolves with rest and focus on breathing.He deni; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 comes in today for a 6 month follow up. Since his last visit he has done fair. He does complain of occasional Shortness of breath with exertion and lasting a few minutes and resolving with rest and focus on breathing. He does complain of intermittent; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had a exercise treadmill test that she failed.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 had CABG with stent placed in 2003, heart cath in 2015, aneurysm repair in 2016 and stent placed in leg in 2018, has AAA (had EVAR in 2016), has hypertension, angina pectoris, and PAD.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of Heart disease, angina pectoris, as well as chest discomfort that has become increasingly worse of the past few weeks.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chest pain, left bundle branch block, abnormal EKG, family history of heart disease and hypertension.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 dyspnea on exertion, supraventricular tachycardia, aortic regurgitation, tobacco use, bradycardia, claudication and palpitations. Patient can't walk on treadmill due to leg weakness and claudication.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 findings of a prior inferior myocardial infarction as well as lateral T wave inversions. I advised him that in the setting of a right bundle branch block the these changes are more difficult to interpret. Further evaluation is indicated.;; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 increased palpitations as well as chest pains. she has risk factors for hypertension; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 strong family history of heart dx, current every day tobacco user.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2020; There has not been any treatment or conservative therapy.; Angina, shortness of breath, dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness, fatigue, dizziness, fainting, chest pain, leg cramps, shortness of breath, heart palpitations and a family hx of stroke/cva.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is currently unable to walk on a treadmill due to walking with the assistance of crutches due to ankle fracture. Patient has complaint of chest pain substernal; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 is having surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH AGO; There has been treatment or conservative therapy.; Shortness of breathFatigue; Patient has been 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is here for follow up. C/o chest pain over this past weekend, Pain was dull, not lasting too long. Pain was relieved with 1 nitro. She does feel her heart fluttering at times.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is needing cardiac clearance. She cannot walk due to need left hip replacement. Due to last EF on Echo in January 35-40% we need to reevaluate EF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2020 EF was 35 - 40 % ;2018 She had a CVA; There has not been any treatment or conservative therapy.; Left sided 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 is type 3 diabetic, with CAD and chest pains.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is unable to walk on treadmill due to previous total hip replacement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Jason M Williams is a 44 y.o. male here for an evaluation of chest pain. Had an episode of left sided chest pain a few weeks ago while mowing the lawn. States he has had few episodes chest pain since then, seems to be brought on by activity. The patient; There has been treatment or conservative therapy.; substernal chest pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 recently has SCA again in September 2020, PCI to RCA due to 80% stenosis. She reports shortness of breath and fatigue. Mild improvement since PCI. History of CAD, HTN, HPLD, was near syncope prior to PCI. BP running 140-160, nonsmoker, BLE edema.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chest pain and SOB episodes now progressing; ekg difficult to interpret for ischemia due to QRS Widening, PVCs, ST changes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Patient cannot walk on a treadmill due to knee surgery 6/19/2020, torn rotator cuff, neuropathy in his feet, and walks with a limp. Patient is currently being treated with a beta blocker, calcium channel blocker, 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 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 exertional CP, SOB, v-tach, palpitations, DM II, PVCs, abnormal EKG.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 KNOWN CAD, AFIB, HTN, MITRAL VALVE PROLAPSE C/O CHEST PAIN THAT RADIATES INTO LEFT ARM AND JAW. PT HAS SOB, DIZZINESS AND LIGHTEADEDNESS AND CAN NOT WALK ON TREADMILL; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 worsening exercise tolerance has complaint of chest pain, shortness of breath on exertion, and hypertension. Patient can not currently walk on treadmill due to fatigue, chronic back pain, pain in legs when walking, and history of shoulder surgery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	previous cabg, diabetic; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt has a BMI of 38 ;follow-up on paroxysmal atrial fibrillation;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt has a history of cardiac bypass; This study is being ordered for Vascular Disease.; 12/04/2020; There has been treatment or conservative therapy.; Shortness of breathe and chest discomfort; Takes 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has chest pains, sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT HAVING CHEST PAIN,complaining of CCS class III angina. NEVER CAME IN FOR THE LAST MYO THAT WAS ORDERED 03/30/2020. HE IS A DIABETIC WITH A HX OF CAD: Admitted for NSTEMI 08/18: Cardiac cath was done s/p PCI to RCA using DES.;Patient has been c/o chest; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt here for followup of ischemic cardiomyopathy and cad. He has felt bad over the last three weeks. More chest pain. More shortness of breath. Cath in June showed three 50 percent lesions. He has diabetes mellitus. He will have his medtronic pacemaker int; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt w/known CAD s/p intervention experiencing edema, lightheadedness,chest pain, dyspnea 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Reason for Appointment ;1. Coronary Artery Disease ;2. Dyspnea ;3. Hypertension ; ; ;History of Present Illness ;HPI: ; Patient is seen today for a routine follow up. He's been having worsening DOE which seems to have occurred since his ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	Reason for Appointment ;1. Palpitations ; ; ;History of Present Illness ;HPI: ; Having palpitations, worse at night, no syncope, having abnormal ECG and frequent PVCs. ; ;Vital Signs ;HR 57 /min, BP 169/70 mm Hg, Ht 66 in, Wt 166 lbs, BMI ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	referred by PCP for dyspnea on exertion (DOE). Ongoing for at least couple of months but progressive. Dietary compliance is an issue. Has recently made effort to cut down sugar in her diet. Does admit to enjoying salt in her diet. Does not currently have ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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's been having symptoms of chest discomfort over the past month or 2. It can occur with activity or at rest. Describes a pressure or heaviness in the center of her chest. Usually last for several minutes then will resolved. She states the symptoms been; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Smoker, hypertension, tachycardia, cp, family hx of cad, pt has tremor so no tm-will need lexiscan; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	sob and chest tightness on exertion; hypertension; diabetes, dyslipidemia; smoker; increasing lower extremity edema; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	SOB- pt reports SOB for the past several months that has been occurring with normal activities for her such as walking or going up stairs. She also reports some indigestion. I would recommend TM MPS to r/o ischemia and an echocardiogram to evaluate the ; This study is being ordered for Vascular Disease.; 06/2020; There has not been any treatment or conservative therapy.; SOB ;right sided 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	SOB, PAROX AFIB, CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE, HYPERTENSION, MITRAL INSUFFICIENCY; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	States in July was having severe DOE, had cath and stenting of a "96%" blockage and was told other vessels were "70%". patient complains of shortness of breath and chest pain/ pressure with moderate severity with activity and at rest.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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,	substernal chest pain;smoker 1ppd x 30yrs;bmi 30;nonspecific st abnormality on ekg; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	SVT, Dyspnea on exertion, Angina, HTN; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	syncopal episodes and chest pain. He states that he gets muscle spasms on the L side of his chest with exertion and sometimes with rest and has syncope and collapse with them. They have been occurring for the past 1.5 years and vary in incidence from ever; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	The patient did NOT have a prior CABG.; 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 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; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	THE PATIENT HAS REOCCURRING CARDIAC SYMPTOMS. THIS IS THE INTIAL NEW PATIENT TESTING.; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATHE, CARDIAC MURMUR, CORONARY CARTERY DISEASE; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 female presents for chest pain, edema and hypertension.;Ms Jones is a 59 yr old female who presents for new patient evaluation. History of diabetes, hypertension, and psoriatic arthritis. Reports one month history of dull, midsternal che; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 61 year old male presents for 4 week chf, copd, coronary artery disease, diabetes, hyperlipidemia and hypertension.;Mr Luttrell is a 61 yr old male who presents for return visit. Known history of CAD s/p remote CABG. NSTEMI with stenting SVG to Cx 1; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 67 year old male presents for SSS and PPM placement 2019.;Mr. Fletcher is a 67 year old male presenting today as a new patient for SSS, PPM placement 2019. ;Known history of A-Fib, SSS, HTN, and Borderline Diabetes. Patient has a MDT PPM placed in ; This study is being ordered for Congenital Anomaly.; 09/21/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 74 year old male presents for cad, diabetes, hypertension, hyperlipidemia and cva.;Mr Streckert is a 74 yr old male who presents for return visit. History of CVA. History of CAD s/p CABG in 2016 in WI. Echo 1/8/2020 revealed EF 55%, moderate AS, and; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 75 year old female presents for piggott hosp f/u, chest pain, cad, hypertension and hyperlipidemia.;Ms Romine is a 75 yr old female who presents for return visit. Cardiac cath in 2010 did not reveal significant CAD. History of hypertension, hyperlip; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a preop evaluation. patient hasn't had cardiac workup in over 5 years.; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; This is a preop evaluation. patient hasn't had cardiac workup in over 5 years.; Cardiac Cath and stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The is patient being started on or is already on another medication not listed above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 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; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 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; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; This case was created via BBI.; The ordering MDs specialty is Cardiology; The is patient being started on or is already on another medication not listed above; The patient has a Lower extremity amputation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is not on or being considered for antiarrhythmic medication/therapy; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 unknown	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 permanent pacemaker or Automatic Implantable Cardioverter/Defibrillator (AICD); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	32 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	28 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for evaluation of the heart prior to non cardiac surgery.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected cardiac septal defect.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected valve disorders.	26 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	54 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	56 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	30 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).; This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent ) Evaluation; It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient is experiencing chest pain and had a pacemaker. upon pacemaker check he has runs of ventricular tachycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/28/2020; There has not been any treatment or conservative therapy.; patient is having fatigue, breathing on exertion when moving around, dizziness, blood pressure increase high.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	unknown; This study is being 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.; dyspnea on exertion and a fib; a fib motoprolol was increased to 50 mg bid echo order to evaluate for EF, diastolic function, left atrial size and LVH. Patient also has dyspnea on exertion she has risk factors present like hypertension , a fib stress test order she will need MPI as ba; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	We are wanting to evaluate the distal midportion of the RCA.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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.; UNK; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; PALPITATIONS; DIZZINESS; HYPERTENSION; LOWER EXTREMITY 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	will upload clinical info; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	will upload clinical info; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	WORSENING SXS OF CP ASSOCIATED WITH EXERTION CONCERNING FOR UNSTABLE 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	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.; paroxysmal afib w/rvr; class 3 heart failure; pt wearing life vest	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.; Unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; It is not known if there are stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; There are abnormal laboratory findings consistent with cardiomyopathy or myocarditis.; Coronary artery disease involving native coronary artery of native heart without angina pectoris. HFrEF. Chronic obstructive pulmonary disease, unspecified COPD type. Uses LifeVest defibrillator.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; This is a 32-year-old female with past medical history of systolic heart failure status post pacemaker implantation who presents to the clinic for establishment of care and preoperative evaluation for hernia surgery. ;She has a history of systolic heart	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; There are no documented clinical findings consistent with a cardiac congenital abnormality.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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; 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)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	; 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Recent cerebrovascular accident.;2. Newly diagnosed hypertension.;3. Coronary and vascular risk factors include newly diagnosed hypertension, age as well as being postmenopausal and a history of cigarette smoking.; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	89 yr/old with c/o SOB with exertion, has hx of Diabetes, CVA, A-fib, htn, CHF, hypothyroid,dvt, stage 3 renal disease and hyperlipidemia. does have LE edema as well; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Ascending Aorta an Aortic root; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Bicuspid aortic valve with mildly dilated aortic root (3.7 cm). Last echo May 2018. Worsening SOB. Atrial fibrillation - rate controlled. Cont. with eliquis and atenolol. Essential hypertension controlled, Hyperlipidemia - On a statin. no hx of cad; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CAD in native artery;;Hx of CABG 2007;;Essential hypertension;;Dyslipidemia;;LBBB (left bundle branch block);;Bilateral carotid artery stenosis;;Angina pectoris;;Palpitations;;Fatigue, unspecified type; This a request for an echocardiogram.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	cardiac cauterization has been discussed as an option, but patient is reluctant to consider further intervention or invasive testing.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; recurrent angina, left ventricular hypertrophy, hypertension, hyperlipidemia, intermittent palpitations; treatment with 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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, 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.; 07/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	coronary arteriosclerosis in native artery WITH HEART MURMUR. Also, hypertension, hyperlipidemia, Type 2 diabetes mellitus without complication.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Down syndrome and congenital heart disease in the form of a large perimembranous ventricular septal defect with associated pulmonary artery branch stenosis. He underwent complete repair June 2007 which included patch closure of his VSD, PDA ligation, sut; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Down syndrome who was born with tetralogy of Fallot and pulmonary valve atresia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Down syndrome.;Status post repair of complete AV canal defect with residual moderate left AV valve insufficiency through the left AV valve cleft as well as a central jet.;Hypothyroidism-treated; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/12/2020; There has been treatment or conservative therapy.; acute ischemia, right lower extremity; mechanical thrombectomy over right anterior tibial artery and right posterior tibial artery, angioplasty; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. &FAX CLINICALS; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	follow up; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Ischemic cardiomyopathy: CAD, diffuse LV hypokinesis, post PCI of the distal RCA; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Known CAD, with history of CVA and renal artery stenosis. History of Hypertension, Hyperlipidemia and Diabetes Mellitus.; This study is being ordered for Vascular Disease.; 11/15/20; There has been treatment or conservative therapy.; Chest pain with radiation to her back relieved with rest. History of HTN and DM, CVA, Hyperlipidemia; Pt has history of CAD s/p stenting. Medical management s/p stenting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Long QT syndrome. Last Echo in 2014 showed grade 2 diastolic dysfunction. Last Cath showed moderate CAD and Mild Bilateral renal artery stenosis. EKG QT/QTc 404/480 ms; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	palpitations, asthma, chest pain; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	palpitations, fatigue; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 needing cardiac clearance. She cannot walk due to need left hip replacement. Due to last EF on Echo in January 35-40% we need to reevaluate EF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2020 EF was 35 - 40 % ;2018 She had a CVA; There has not been any treatment or conservative therapy.; Left sided 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Post op afib with RVR after valve surgery 10/2020; 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 3 months or less since the last echocardiogram.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PRE TAVR evaluation of heart valve to determine if valve replacement is needed.; This study is being ordered for Vascular Disease.; 7/27/2020; There has not been any treatment or conservative therapy.; Moderate to severe aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pre TAVR evaluation; This study is being ordered for Vascular Disease.; 2020; There has not been any treatment or conservative therapy.; shortness of breath, coronary artery disease severe aortic stenosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	pressure; This study is being ordered for Vascular Disease.; 08/03/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Pt has hx of CHF; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	pt is having hip surgery. Pt having shortness of breath on exertion.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	shortness of breath hypertension Ehler-Danlos syndrome; This study is being ordered for Congenital Anomaly.; 11-5-2020; It is not known if there has been any treatment or conservative therapy.; shortness of breath tachycardia 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Shortness of Breath upon Exertion, palpitations, Shortness of Breath when walking, Edema, confusion, Chest tightness type pain, Hx of CAD, current every day smoker, Hep C and COPD; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Structural disease-CAVC repair at 6 months 2 patch technique with cleft LAVvave repair and hx of PPHN; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Structural disease-PDA; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 67 year old male presents for SSS and PPM placement 2019.;Mr. Fletcher is a 67 year old male presenting today as a new patient for SSS, PPM placement 2019. ;Known history of A-Fib, SSS, HTN, and Borderline Diabetes. Patient has a MDT PPM placed in ; This study is being ordered for Congenital Anomaly.; 09/21/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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.	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	24 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	26 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	29 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	31 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	111 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	110 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	53 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	95 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	50 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	21 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	318 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	440 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient has a murmur that has not been evaluated; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 12-01-2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; UNKNOWN; There has not been any treatment or conservative therapy.; Complaints of exertional shortness of breath. She states she has frequent palpitations almost daily; occasional dizziness with position changes; lower extremity 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unexplained episode of cyanosis; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	unknown; This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Unknown; This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; unknown; There has been treatment or conservative therapy.; dyspnea on exertion and a fib; a fib motoprolol was increased to 50 mg bid echo order to evaluate for EF, diastolic function, left atrial size and LVH. Paitent also has dyspnea on exertion she has risk factors present like hypertension , a fib stress test order seh will need MPI as ba; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unusual assortment of chest discomfort. place a 30 day event monitor to evaluate for any potential dysrhythmias.; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	While his chest pain as assessed before is non cardiac in nature, his mildly diminished systolic function is unexplained and there are no comparative studies in past. He does have resting tachycardia, that also is of unclear etiology; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	William C Long is a 79 y.o.male with a past medical history of MVP, MR, bradycardia, HTN, and hyperlipidemia. He is here today for a follow-up after testing; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Yearly follow up; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; 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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	AFib on device report - 100% since 03.07.20; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/07/2020; There has been treatment or conservative therapy.; AFIB; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	aortic stenosis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, 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.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	moderate severe aortic stenosis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	NEED TO OBTAIN TEE D/T ABNORMAL AORTIC VALVE GRADIENT; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Patient needs TEE for cerebrovascular accident due to occlusion of right middle cerebral artery. Patient has hypertension and iron deficiency.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Persistent Afib!; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/08/20; There has been treatment or conservative therapy.; Pt has persistent Afib!; medications, and tried to cardiovert 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Suspected atrial defect; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	TEE PO LAAO; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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.	38 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition,	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	unkown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,		1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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;	cardiac cauterization has been discussed as an option, but patient is reluctant to consider further intervention or invasive testing.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; recurrent angina, left ventricular hypertrophy, hypertension, hyperlipidemia, intermittent palpitations; treatment with 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Patient was referred by ER for CP. Patient has history of HTN,DIABETES,TACHY, SINUS W/1ST DEGREE AV BLOCK; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; He has had bypass 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 known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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-operative (Cardiac Surgery, Angioplasty or stent) evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; It is not known if this patient had a Nuclear Cardiac Study within in the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	18 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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;	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.; Ms Hardin is a very pleasant 60yo lady (disabled, respiratory therapist) with significant history of HTN, rheumatoid arthritis (Dr. Mills, Mercy Rogers), HLD and palpitations, followed by Dr. Miranda, referred for evaluation of palpitations, labile BP and; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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;	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.; abnormal heart monitor readings; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is unknown	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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,		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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		This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,		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.	127 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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		will fax; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/19/2020; There has been treatment or conservative therapy.; shortness of breath; Med changing and other testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up for thoracic aortic aneurysm without rupture; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Follow-up on 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; 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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Atrial septal defect and chest discomfort; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	evaluate thoracic and abdominal aorta; This study is being ordered for Vascular Disease.; approx. 08/10/20; There has been treatment or conservative therapy.; moderate chest pain, radiating to back; worse with movement, worse laying on right side, radiating to abdomen; "fullness" feeling in abdomen; taking aspirin and nitroglycerin for chest pain, no relieving factors.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	HPI: ; Mr Cummings is a 58 yo WM with a hx of CAD s/p CAB 4/26/20, L pl effusion, a/c combined HF, HTN, HLD, DM, renal insuff and tobacco dep who presents for follow up with c/o dyspnea. Pt states that dyspnea started about 2 weeks ago, states tha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Possible PE; There has not been any treatment or conservative therapy.; Elevated d-dime shortness of breathe; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Middle-aged man with exertional dyspnea concerning for angina equivalent. He has known PAD with prior PTA. Former pt of Dr. Willis. Would get a MPI study to assess for ischemia burden. Will get an echo to assess for SHD. Switch to HIST. Hypertensive today; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	Radiology Services Denied Not Medically Necessary	patient with known aneurysm needing yearly follow up imaging.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Vascular surveillance of ascending aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Congenital heart disease, known or suspected; BAV, measure ascending aorta; This study is being ordered for Congenital Anomaly.; 05/23/1997; There has been treatment or conservative therapy.; Congenital heart disease, known or suspected; BAV, measure ascending aorta; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/19/2020; There has been treatment or conservative therapy.; shortness of breath; Med changing and other testing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	evaluate thoracic and abdominal aorta; This study is being ordered for Vascular Disease.; approx. 08/10/20; There has been treatment or conservative therapy.; moderate chest pain, radiating to back; worse with movement, worse laying on right side, radiating to abdomen; "fullness" feeling in abdomen; taking aspirin and nitroglycerin for chest pain, no relieving factors.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	patient with known aneurysm needing yearly follow up imaging.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown initial onset; There has not been any treatment or conservative therapy.; CT- Primary symptoms are lower abdomen and pelvic pain, knot in lower pelvic region;Echo- 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	Congenital heart disease, known or suspected; BAV, measure ascending aorta; This study is being ordered for Congenital Anomaly.; 05/23/1997; There has been treatment or conservative therapy.; Congenital heart disease, known or suspected; BAV, measure ascending aorta; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	PT may in fact require placement of a competent pulmonary valve, however does not appear to meet criteria for valve implantation at this time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/04/1987; There has been treatment or conservative therapy.; Moderate to severe chronic pulmonary insufficiency, with only mild to moderate associated RV dilatation; Decreased exercise capacity, complicated by scoliosis, combined obstructive and restrictive lung disease; History of tetralogy of Fallot repair at 4 months of age; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient complains of: For the past few weeks c/o right sided chest pain. Sharp. Severe. Radiated to her back and front chest. Constant. Not worse with exertion. Associated with SOB. Hs history of COPD and tobacco dependence. Also reports occasional exertio; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient has hypertension, history of MI, premature atrial contraction, supraventricular tachycardia and systolic dysfunction.; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	the patient is having palpitations, chest pains and hypertension.; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	1. Coronary artery disease with atypical chest pain. He had anterior STEMI seven months ago and was treated with third generation drug-eluting stents. His stress test is low risk. We will go ahead and control his blood pressure and heart rate to contr; 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	1. Persistent chest pain with nondiagnostic exercise treadmill stress test. We will go ahead and schedule coronary CTA to rule out coronary artery disease given her persistent symptoms. I counseled her regarding her symptoms and risks.;2. Palpitation; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	angina paroxysmal atrial fibrillation; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA Coronary Arteries.; A study not listed has been completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	given risk factors and symptoms need to rule out CAD; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; This study is being ordered for Vascular Disease.; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; There has been treatment or conservative therapy.; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; One of the studies being ordered is NOT a Breast MRI, CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	PLAN: The patient is already scheduled to see Dr. Ngengwe next week. The patient was advised to start her diltiazem. Thyroid function tests will be obtained to rule out any hyperthyroidism.; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	shortness of breath hypertension Ehler-Danlos syndrome; This study is being ordered for Congenital Anomaly.; 11-5-2020; It is not known if there has been any treatment or conservative therapy.; shortness of breath tachycardia 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	sinus rhythm has changed to atrial fibrillation since last office visit.; This study is being ordered for Vascular Disease.; 9/13/2017; It is not known if there has been any treatment or conservative therapy.; Patient has a pace maker - there has been a sensation of dizziness and skipping and she had less energy and felt almost like passing out. The pace maker has made a difference.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Sinus rhythm rate 57 nonspecific ST abnormality laterally.The patient seems to be doing okay immediately, but I think further diagnostic testing is reasonable. We will set this up as a CTA coronaries and follow-up after; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This 55 year old female presents for yearly visitr, cad, hypertension and hyperlipidemia.;55 year old female here for a yearly return visit. She has history of coronary artery disease. She is status post PCI to the Ramus in August 2017. MPI in July 2; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	to rule out coronary artery disease; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	; 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 less than 20	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 years; There has not been any treatment or conservative therapy.; left sided chest pain, shortness of breath with exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; This study is 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; It is not known if there has been any treatment or conservative therapy.; chest pain central aching radiating to the back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 (R07.9);;# Shortness of breath (R06.00);;# Palpitations (R00.2);;# Electrocardiographic old myocardial infarction (I25.2);;# Aneurysm of ascending aorta (I71.2);;# Chronic obstructive pulmonary disease (J44.9);;# Tobacco abuse (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 less than 20	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Recent anginal-type chest pain.;2. Syncopal episode.;3. Stable blood pressure.;4. Sleep apnea, on CPAP.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Recurrent chest pain and dyspnea and decreased exercise tolerance in the patient at intermediate risk for having coronary artery disease, likely indicative of angina.;2. Hypertension.;3. Palpitations.;4. Tobacco abuse.;5. Degenerative joint di; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Recurrent palpitations with tachycardia, likely indicative of arrhythmia.;2. Chest discomfort in the patient at intermediate risk for having coronary artery disease.;3. Hypertension: Blood pressure is elevated.;4. Dyslipidemia.;5. Pain in mul; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Shortness of breath: Etiology unclear. We will start patient's cardiac workup with a Lexiscan and stress test and an echocardiogram.;2. Palpitations. We will evaluate this with two-week Zio monitor. We will also check TSH.;3. History of CVA, c; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	01. Body mass index (BMI) 40.0-44.9, adult;02. SSS (sick sinus syndrome);03. Atrial fibrillation, unspecified type;04. Essential hypertension;05. Presence of cardiac pacemaker;06. Chest pain in adult;07. SOB (shortness of breath);08. Dizziness;09.; This study is being ordered for Vascular Disease.; Reason For Visit and HPI.;This 67 year old male presents for SSS and PPM placement 2019.;Mr. Fletcher is a 67 year old male presenting today as a new patient for SSS, PPM placement 2019. ;Known history of A-Fib, SSS, HTN, and Borderline Diabetes. Patie; There has been treatment or conservative therapy.; chest 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	49 y/o male with DM, HTN, and CAD s/p CABG (C.D. Williams 9/2015) here for 1 year f/u appt. ; Today c/o chest pain. Located in the upper left chest. Onset after surgery. Sharp. Constant. Not worse with exertion. Also c/o DOE.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	54-year-old white male who presents with complaints of mid precordial chest heaviness, associated with dyspnea, nonradiating, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution. Symptoms are randomly occurring with no ide; 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 less than 20	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	58 y.o. Caucasian male is here today for follow up for diabetes, hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, pulmonary hypertension, left atrial dilatation, tricuspid insufficiency, smoking, family history of CAD, hyp; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	59-year-old white female who complains of recurrent episodes of left precordial tightness, radiating to her left arm, associated with dyspnea and diaphoresis, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution. Symptoms 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	60-year-old white female who complains of recurrent episodes of mid precordial pressure-like chest pain, nonradiating, associated with dyspnea, lasting 4 to 5 minutes, moderate severe in intensity, spontaneous resolution. Symptoms are randomly occurring w; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Abnormal treadmill stress test with ST-segment depression and mild late T-wave changes in recovery.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Angina pectoris, unspecifiedDefaultR06.02Shortness of breath; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Angina pectoris, unspecifiedDefaultR06.02Shortness of breath; Medication and treadmill stress test that was inconclusive; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Angina, HTN, Hyperlipidemia, Dizziness, Headache; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Angina, Type 2 Diabetes, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Arrhythmogenic flare with angina, abnormal EKG showing nonspecific ST-T changes. Shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Bshara Sayej is a 60 y.o. male here for an evaluation of syncope. He was working in the yard earlier this month and reports sudden onset of profuse diaphoresis, he noticed hives all over his body, he sat down in a chair, then passed out. He hit his head ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 discomfort radiating up into her neck improved with rest and baby aspirin x2;;ekg shows NSR with nonspecific ST-T wave changes;;hx hypertension and hyperlipidemia;;bmi 36; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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, HTN, Hyperlipidemia,Diabetes; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Differential diagnosis includes side effects from hydralazine versus angina pectoris. Given his extensive cardiovascular risk factors we will further risk stratify with a Lexiscan nuclear stress test. Answer here - or Type In Unknown If N; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	cp, copd, smoker; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	cp, diabetic, dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Dyspnea on exertion, other risk factors include hypertension and hyperlipidemia. EKG shows nonspecific changes. Decreased exercise tolerance.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-24-2020; There has not been any treatment or conservative therapy.; chest pain, hypertension, dyspnea. afib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; chest pain; medication, stent placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	eval for CAD hx of smoking, diabetes and HTN; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	has a pacemaker and caught a defect; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	High risk patient. History of Hypertension and Insulin Dependent Diabetes Mellitus.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Patient complaining of burning in L arm. Atypical Chest Pain. History of CAD and DM; Medication management. History of stenting and balloon to coronary 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	History of Present Illness ;HPI: ; Ms. Garner is here today to discuss echo results. She sent back her event monitor yesterday. She notes that she has some left arm numbness and shortness of breath. She will have some twinges in her chest at time; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	HPI: ; Mr. Rouse presents for chest pain. She has had episodes of chest discomfort, associated dyspnea on exertion, pressure-type, occurred when voting, lasted off and on for 1 week. She doesn't think she can walk a treadmill due to dyspnea.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	hypertension, diabetes,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OV 10/7/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	ischemic eval; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Jerry Justin Standridge is a 32 y.o. male here for evaluation of palpitations. Complains of intermittent episodes of sharp substernal chest pain and a "sloshing" sound around heart. States he had these symptoms several Years ago and have recently starte; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Johnny Hellums is a 48 y.o. male with a past medical history of Mixed Hyperlipidemia,HTN,H/O Heart Artery Stent.He comes in today as a New Patient referred to us by Dr. Branch for HTN,Mixed Hyperlipidemia.He had a Heart Stent placed in July 2007 and March ; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Known CAD with new chest discomfort with and without exertion. Unable to exercise on treadmill due to leg pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Known CAD with worsening Angina, HTN, Hyperlipidemia. Two years since last cardiac intervention.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	LABS High: CHOLTOT, HDL, LDL, CA and BUN. Uncontrolled HTN, high BMI, family history of early onset CAD, dizziness, headaches.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Long QT syndrome. Last Echo in 2014 showed grade 2 diastolic dysfunction. Last Cath showed moderate CAD and Mild Bilateral renal artery stenosis. EKG QT/QTc 404/480 ms; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Chest pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	member is diabetic ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-1-2020; There has not been any treatment or conservative therapy.; palpation, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Mercedes Flowers is a 37 y.o. female with a history of lupus. States began feeling very short of breath last week with mild activity, seen in ED found to have UTI and started on antibiotics. She has had continued SOB on activity like walking into the cl; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Kirk is a 67 y/o male presenting to the clinic today for follow up. PMH includes HTN, HLD, reflux, and Afib. At previous appt he reported an episode of near syncope. He reports he was sitting at the desk typing a report when he suddenly became dizzy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Ruby Minton comes in as a new patient. Her recent holter monitor revealed multiple runs of nonsustained Afib and a minimum rate of 41bpm at 5pm. She states that she wore the monitor to investigate the etiology of her syncope. She states she was walkin; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. Sandage is a 92 yo wmn CAD, CABG in 2007, She is s/p PCI of LAD 3.0 x 38 on 3/11/15. PCI circ using 3.0 x 18 Xience stent on 8/20/10 Patient denies palpitations, syncope, dyspnea, chest pain, orthopnea. ; Patient admits near syncope, leg 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Wiggins comes in for initial evaluation. She recently was found to have a murmur on exam. She also according to consult had increased shortness of breath with activity. She states her blood pressure at home usually runs 120s to 130s. She has no 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	NA; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	New patient with chest pain last 2 months, localized left precordial, at rest, lasting 20 minutes, no radiation, no dyspnea and no syncope. patient has diabetes, hypertension, hyperlipidemia, hypertensive heart disease and is overweight. Non smoking; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	No Stress Echocardiograms done within 60 mile radius.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	none; This study is being ordered for Vascular Disease.; unknown.; It is not known if there has 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	ongoing chest pain with ongoing care, home exercises; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2012; There has been treatment or conservative therapy.; left side chest pain, numbness & tingling in left arm, afib.; Cardioversion 12/16/12, stress test 01/07/13, daily ASA, dr follow up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 complains of chest pain and shortness of breath. History of smoking, has hypertension and high cholesterol.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 complains of mild mid chest pain, at rest, and mild exertion, radiated to face associated with sweating, lasting 1-2 minutes. Patient has syncope and collapse, tachycardia and angina pectoris.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an abnormal Treadmill Stress Test. Patient had anginal chest pressure and Shortness of breath, and electrocardiogram with nondiagnostic changes.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had depressed LVFS per MRI, decreased since echo. 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 20 to 29	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 had a stroke and is having chest pain. Has a family hx of cad.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset of chest pain, shortness of breath, fatigue. Most recent EKG shows ST wave abnormalities; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 worsening hypertension and his risk.; This study is 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.; Dizziness, 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 here for follow up of orthostatic hypotension, syncope and collapse. Patient has chest pain, abnormal EKG and is a current smoker.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is having increased shortness of breath and angina. Current every day tobacco user and a known diabetic.; This study is being ordered for Vascular Disease.; October 30, 2020; There has been treatment or conservative therapy.; Angina, shortness of breath; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient with chest pain, shortness of breath, and fatigue. Patient unable to walk on treadmill due to lumbar surgery, shoulder surgery, right knee arthroscopy, and chronic back pain. Patient's blood pressure on day of exam was 148/100 Right arm, 178/10; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PATIENT WITH UNSTABLE ANGINA AND KNOWN HX OF MI AND 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Paul Worthen is a 63 y.o. male with HTN, HPL, COPD, CAD and PAD - "I have had a stent placed in my left leg. Dr. Put me on a blood thinner and when I was on the table for my right leg stent he said it wasn't there anymore because of my blood thinner had ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Pressure like chest pain since last month. Exertional dyspnea and fatigue. Occasional palpitations;Coronary artery disease, s/p PCI to LAD and RCA 2/2016;; Current every day smoker 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	pressure; This study is being ordered for Vascular Disease.; 08/03/2020; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 concerned about increased swelling in his legs presents with recurrent episodes of left precordial pressure-like chest pain, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting less than 5 minutes, spontaneous resolution. S; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 HAD TREADMILL STRESS TEST, IT WAS DETERMINED THAT SHE NEEDS NUCLEAR IMAGING STUDY ALONG W/ STRESS TEST; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has DVT and is unable to walk on treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Pt having chest pain and abn 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 STILL HAVING PROBLEMS WITH SOB W EXERTION AND PALPITATIONS, GETS BETTER WITH REST,MI 2018, HX CAD W STENT RCA AND LAD 2018. HX. SMOKER,HTN, HYPERLIPIDEMIA, DIZZINESS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Appointment ;1. Carotid Artery Disease ; ; ;History of Present Illness ;HPI: ; she was lost to followup for a bit after bilateral CEA with dr nolen last year; no followup US that she is aware of; she has had NO other; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Appointment ;1. Follow up ; ;History of Present Illness ;HPI: ; Mr. Lane returns for f/u. He denies angina or exertional limitation. Was diagnosed with COPD since last visit. Feels well. He is free to take ED meds as needed, I in; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Recent admit to Mercy Ozark for syncope and hypotension. Tested positive for Covid-19 in Sept 2020. Pressure like chest pain for the last month. Exertional dyspnea. Palpitations and recent syncope associated with dizziness;;Diabetes mellitus; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Samuel J Osborne is a 42 y.o.male with a past medical history of Systolic Murmur. He presents today as a new patient/ office consult at the request of Dr. Turay to establish care and for the evaluation of heart murmur. He denies any recent hospital or ED ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	See attached; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	She describes symptoms that are highly reminiscent of angina: heavy, precordial, pressure-like chest pain radiating to the left shoulder and jaw, associated with dyspnea.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	She reports she has chest pain when she is stressed. She states she woke up this morning with tightness on the right side of her chest. She had the chest pain for last few weeks , occurs with and with out exertion , some time she she is stressed; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	shortness of breath when walking.;chest pain with exertion, better with rest. nothing gives relief.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	SOB AND ANGINA WITH EXERTION, NO HX OF CAD, DOES HAVE ASTHMA, NO DIABETES, NON SMOKER, CANNOT WALK DUE TO HER ASTHMA; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	States in July was having severe DOE, had cath and stenting of a "96%" blockage and was told other vessels were "70%". On ECG-;Sinus Rhythm -Right bundle branch block with left axis -bifascicular block. -Left atrial enlargement. ABNORMAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Strong family history of ischemic heart disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2020; There has been treatment or conservative therapy.; Chest pain , shortness of breath, dizziness, irregular heartbeat; Medication/beta blocker; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	The dyspnea is worsening. Currently in functional class III (NYHA). She also had mild aortic stenosis. She has presence of risk factor for CAD, that needs to be ruled out, the shortness of breath can be an ischemic equivalent. Plan: Lexiscan MPI, she ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 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; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	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 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; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 known revascularization by insertion of a stent; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology; The vessel that had the stent inserted is Left Main Coronary Artery	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 40 or greater	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for evaluation of the heart prior to non cardiac surgery.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected cardiac septal defect.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected valve disorders.	26 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested to evaluate a suspected cardiac mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-01-2020; There has not been any treatment or conservative therapy.; chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing 3 weeks and lasts all day every day and never completely resolves.; There has been treatment or conservative therapy.; ongoing chest pain, described as a dull pressure feeling and an occasional sharp pain, the dull pressure pain lasting all day every day and the occasional sharp pain lasting 2-3 seconds, resolving spontaneously and after resting. The discomfort can be in; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	This study is being 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.; Complaints of exertional shortness of breath. She states she has frequent palpitations almost daily; occasional dizziness with position changes; lower extremity 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This study is being ordered for Vascular Disease.; 10/14/2020; There has not been any treatment or conservative therapy.; chest pain, palpitation, shortness 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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;Atrial Fibrillation;Chest pain;Dyspnea with exertion;hypertension;Family History CAD;BMI 32; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 20 to 29	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/05/2020; There has not been any treatment or conservative therapy.; Shortness of breathe 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 upload clinical info; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 3-4 years; There has not been any treatment or conservative therapy.; left sided chest pain, shortness of breath with exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 08/01/2020; It is not known if there has been any treatment or conservative therapy.; chest pain central aching radiating to the back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; 10/01/2020; There has not been any treatment or conservative therapy.; Pt has chest pain , shortness of breath 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 initial onset; There has not been any treatment or conservative therapy.; CT-Primary symptoms are lower abdomen and pelvic pain, knot in lower pelvic region;Echo-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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; 09/22/2020 Pt went to the ER for chest pain we are trying to follow up; 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; coronary artery disease due to calcified coronary lesion;chest pain syndrome;syncope and collapse;benign hypertension; There has not been any treatment or conservative therapy.; coronary artery dx due to calcified coronary lesion;chest pain syndrome;hyperlipidemia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1. Dizziness;2. Hypertension;3. Hyperlipidemia; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	01. Body mass index (BMI) 40.0-44.9, adult;02. SSS (sick sinus syndrome);03. Atrial fibrillation, unspecified type;04. Essential hypertension;05. Presence of cardiac pacemaker;06. Chest pain in adult;07. SOB (shortness of breath);08. Dizziness;09.; This study is being ordered for Vascular Disease.; Reason For Visit and HPI.;This 67 year old male presents for SSS and PPM placement 2019.;Mr. Fletcher is a 67 year old male presenting today as a new patient for SSS, PPM placement 2019. ;Known history of A-Fib, SSS, HTN, and Borderline Diabetes. Patie; There has been treatment or conservative therapy.; chest 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Angina pectoris, unspecifiedDefaultR06.02Shortness of breath; This study is being ordered for Vascular Disease.; Unknown; There has been treatment or conservative therapy.; Angina pectoris, unspecifiedDefaultR06.02Shortness of breath; Medication and treadmill stress test that was inconclusive; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Angina, shortness of breath, murmur on exam, hypertension, Coronary artery dx; This study is being ordered for Vascular Disease.; November 6, 2020 office visit with physician patient reports has been going on x6 months; There has been treatment or conservative therapy.; Chest pain, chest pressure compatible with angina, shortness of breath, murmur; Pharmacological 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 WEEKS AGO; There has not been any treatment or conservative therapy.; SHORTNRESS 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-24-2020; There has not been any treatment or conservative therapy.; chest pain, hypertension, dyspnea. afib; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; chest pain; medication, stint placement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	having dyspnea fatigue with activity; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	He's maintaining sinus rhythm. I don't think he's been out of rhythm since his last visit. His last ejection fraction around 40%;Plan;;Repeat echo to assess ejection fraction; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	High risk patient. History of Hypertension and Insulin Dependent Diabetes Mellitus.; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Patient complaining of burning in L arm. Atypical Chest Pain. History of CAD and DM; Medication management. History of stenting and balloon to coronary 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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; This study is being ordered for Vascular Disease.; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; There has been treatment or conservative therapy.; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; History of Present Illness;; Mr. Randy Fiske is a 24 y/o WM with long history of smoking since age 13 years old. He has a strong family history of premature CAD in multiple family members. The patient has a history of serious otitis media with multiple e; One of the studies being ordered is NOT a Breast MRI, CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	hypertension, diabetes,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OV 10/7/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	I just got off the video visit with this gentleman subjectively he says he is lost weight he is doing quite well just needs his nitroglycerin renewed his other medications are unchanged objectively his blood pressure is 134/72 with a pulse of 72 sorry he ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	member is diabetic .; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-1-2020; There has not been any treatment or conservative therapy.; palpation, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Mildly increased left ventricular wall thickness and normal LV cavity size. Normal left ventricular wall motion and function, estimated LVEF 55-60% Normal diastolic function. Mildly dilated left atrium Aortic valve not well seen; probably trileaflet. Mild ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Ms Cranford returns to clinic today for test results. She is a nice 71 year old female with Coronary artery disease coronary artery disease and prior DES to RCA in 2017. She has multiple risk factors for ASCVD progression of hypertension, dyslipidemia, PVD; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Ms. Lovett is a 58 year old BW with a past medical history of asthma, DM, Bell's palsy, arthritis, and hypertension. She has been referred today by Johnnie Kelsey (Timothy Reece). She is a previous patient of Dr. Dharamsey and Dr. Lee Davis and has not; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH WITH EXERTION; CHEST PAIN; LOWER EXTERMITTY 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; unknown.; It is not known if there has 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	ongoing chest pain with ongoing care, home exercises; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; December 2012; There has been treatment or conservative therapy.; left side chest pain, numbness & tingling in left arm, afib.; Cardioversion 12/16/12, stress test 01/07/13, daily ASA, dr follow up; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 hypertension as well as syncope and palpitations.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 worsening hypertension and his risk.; This study is 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.; Dizziness, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient is having increased shortness of breath and angina. Current every day tobacco user and a known diabetic.; This study is being ordered for Vascular Disease.; October 30, 2020; There has been treatment or conservative therapy.; Angina, shortness of breath; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient is having surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 MONTH AGO; There has been treatment or conservative therapy.; Shortness of breathFatigue; Patient has been 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cerebrovascular accident and stenosis. Hypertension, hyperlipidemia;Re-evaluation; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset of shortness of breath, chest pain, and atrial fibrillation.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	PRE TAVR screening; This study is being ordered for Vascular Disease.; 10-01-2020; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Pt has a history of cardiac bypass; This study is being ordered for Vascular Disease.; 12/04/2020; There has been treatment or conservative therapy.; Shortness of breathe and chest discomfort; Takes 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	sinus rhythm has changed to atrial fibrillation since last office visit.; This study is being ordered for Vascular Disease.; 9/13/2017; It is not known if there has been any treatment or conservative therapy.; Patient has a pace maker - there has been a sensation of dizziness and skipping and she had less energy and felt almost like passing out. The pace maker has made a difference.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	SOB- pt reports SOB for the past several months that has been occurring with normal activities for her such as walking or going up stairs. She also reports some indigestion. I would recommend TM MPS to r/o ischemia and an echocardiogram to evaluate the ; This study is being ordered for Vascular Disease.; 06/2020; There has not been any treatment or conservative therapy.; SOB ;right sided 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Strong family history of ischemic heart disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2020; There has been treatment or conservative therapy.; Chest pain , shortness of breath, dizziness, irregular heartbeat; Medication/beta blocker; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	THE PATIENT HAS REOCCURRING CARDIAC SYMPTOMS. THIS IS THE INTIAL NEW PATIENT TESTING.; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN, SHORTNESS OF BREATHE, CARDIAC MURMUR, CORONARY CARTERY DISEASE; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	The patient is a history of paroxysmal atrial fibrillation, hypertension, dyslipidemia, and congestive heart failure. Recent testing was obtained over the summer and was fairly reassuring. We're repeating echocardiography at the end of the year. We'll fol; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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 shortness of breath; Known or suspected left ventricular disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 abnormal symptom, condition or evaluation is not known or unlisted above.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	24 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Pulmonary Hypertension.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a preop evaluation. patient hasn't had cardiac workup in over 5 years.; This study is being ordered for Vascular Disease.; 2001; There has been treatment or conservative therapy.; This is a preop evaluation. patient hasn't had cardiac workup in over 5 years.; Cardiac Cath and stent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is an 84 year old female with history of Hypertension and kidney problems with complaint of shortness of breath, fatigue, and weakness.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ongoing 3 weeks and lasts all day every day and never completely resolves.; There has been treatment or conservative therapy.; ongoing chest pain, described as a dull pressure feeling and an occasional sharp pain, the dull pressure pain lasting all day every day and the occasional sharp pain lasting 2-3 seconds, resolving spontaneously and after resting. The discomfort can be in; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; 10/14/2020; There has not been any treatment or conservative therapy.; chest pain, palpitation, shortness 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/05/2020; There has not been any treatment or conservative therapy.; Shortness of breathe 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; UNK; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; PALPITATIONS; DIZZINESS; HYPERTENSION; LOWER EXTREMITY 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 upload clinicals; This a request for an echocardiogram.; 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 shortness of breath; Known or suspected left ventricular disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	Patient has strong family history of heart dx, current every day tobacco user.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2020; There has not been any treatment or conservative therapy.; Angina, shortness of breath, dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	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 after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	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;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	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	Radiology Services Denied Not Medically Necessary	Patient had an episode of shortness of breath which initially she thought was as a result of her asthma however did not subside with her usual albuterol treatment. She called her PCP and was advised to go to the ED. Patient also had an episode of chest ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	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;	Radiology Services Denied Not Medically Necessary	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	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;	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. Hypertensive heart disease without heart failure; 2. Nonrheumatic mitral (valve) insufficiency; 3. Tachycardia, unspecified; 4. Palpitations; 5. Cardiac murmur, unspecified; 6. Dyspnea, unspecified; 7. Chest pain, unspecified; 8. Syncope and col; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	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;	Radiology Services Denied Not Medically Necessary	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This very nice 82-year-old woman comes in today for assessment. She was recently in our local emergency room with complaints of elevated blood pressure. ER staff noted concerns about some dyspnea on exertion and an abnormal EKG. We reviewed her EKG today ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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 is patient being started on or is already on another medication not listed above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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.	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;		This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic 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 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast		The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	JUNE; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;FAX CLINICALS; CHIRO; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	JUNE; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;FAX CLINICALS; CHIRO; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic Medicine	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Chiropractic 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 being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material		; It is not known if there has been any treatment or conservative therapy.; Neoplasm: colorectal ;hx colon cancer with 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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material	2/22/2019-BIOPSY DATE ;7/9/20-CT ABDOMEN/PELVIS AND CT CHEST DONE SHOWED NEW LIVER AND LUNG LESIONS, RADIOLOGIST RECOMMENDED FOLLOW UP IN 3 MONTHS.; There has been treatment or conservative therapy.; NEW LIVER AND LUNG LESIONS SEEN ON CT SCANS DONE 7/9/20, RADIOLOGIST RECOMMENDED FOLLOW UP SCANS IN 3 MONTHS.; RESECTION, ILEOSTOMY, ANASTAMOSIS 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PATIENT HAS RECTAL CANCER, INVASIVE ADENOCARCINOMA FOUND ON COLONOSCOPY 12/03/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; Neoplasm: colorectal ;hx colon cancer with 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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2/22/2019-BIOPSY DATE ;7/9/20-CT ABDOMEN/PELVIS AND CT CHEST DONE SHOWED NEW LIVER AND LUNG LESIONS, RADIOLOGIST RECOMMENDED FOLLOW UP IN 3 MONTHS.; There has been treatment or conservative therapy.; NEW LIVER AND LUNG LESIONS SEEN ON CT SCANS DONE 7/9/20, RADIOLOGIST RECOMMENDED FOLLOW UP SCANS IN 3 MONTHS.; RESECTION, ILEOSTOMY, ANASTAMOSIS 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Dermatology	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Dermatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has Neurological deficit(s)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	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 a 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 NOT being planned nor has one already been performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	PT C/O NOT FEELING WELL 11/16/2020 AFTER HE HAD GOTTEN A FLU SHOT, LABS DONE , HGB 12.2,HCT 38.6 AND HAS 18.4 WBC AND A PLATLETT CT. OF 944. ALBUMIN 3.3 HISTORY Splenectomy - Onset: 08/06/2020, COPD, MI, HAS HAD COLON CA. CAD W CABG, CHF. CALLED TODAY WIT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 06/29/2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 06/29/2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	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 tail bone pain or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; Patient is having severe pain bilaterally in feet. Patient had previous fracture of the right second toe. Tenderness over the left fourth & fifth metatarsals in mid foot. Rule out stress fracture.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Doctors and Rehabilitation	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PT C/O NOT FEELING WELL 11/16/2020 AFTER HE HAD GOTTEN A FLU SHOT, LABS DONE , HGB 12.2,HCT 38.6 AND HAS 18.4 WBC AND A PLATLETT CT. OF 944. ALBUMIN 3.3 HISTORY Splenectomy - Onset: 08/06/2020, COPD, MI, HAS HAD COLON CA. CAD W CABG, CHF. CALLED TODAY WIT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Emergency 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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 as a Pre-operative evaluation	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Pre-operative evaluation; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Emergency 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	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; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being requested for abdominal and/or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,		This is a request for a Stress Echocardiogram.; This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.; Other than listed above best describes the patients clinical presentation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal CT; 09/21/2020; There has been treatment or conservative therapy.; pain, radiating down the arm; decreased sensation on his 2nd through 5th digits.;pt reports from elbow down, feels like his are was "asleep".; topical and pain medications; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal CT; 09/21/2020; There has been treatment or conservative therapy.; pain, radiating down the arm; decreased sensation on his 2nd through 5th digits.;pt reports from elbow down, feels like his are was "asleep".; topical and pain medications; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 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.; Radiating pain through the neck and mid back numb and tingly in the legs	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 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.; PATIENT C/O BILATERAL LOWER EXTREM WEAKNESS	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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 Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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 not know	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Emergency 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.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She has right breast pain, no galactorrhoea. Prolactin was slightly high. Ultrasound of the breast showed no mass.;I have ordered blood test to check her other pituitary hormones and repeat the prolactin fasting.;I told her that she might need MRI of t; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Suspected tumor outside the brain best describes the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been completed to determine tumor tissue type.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with		This is a request for Parathyroid SPECT imaging.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with		This is a request for Parathyroid SPECT imaging.; evaluation for surgery	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with		This is a request for Parathyroid SPECT imaging.; Primary hyperparathyroidism	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	thyroid cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	surveillance of a known pituitary tumor, last MRI was March 2019; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Known brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	thyroid cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Endocrinology	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 PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 Thyroid Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material		CHEST PAIN AND NEG EGD AND CARDIAC W/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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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 Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Pleural effusion and hepatocellular carcinoma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	smoke insulation after house fire, chest 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	CT ABD showed vein distention that suggested occlusion or obstruction that needs further evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Ab normal ultra sound., Abd Pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if	CT ABD showed vein distention that suggested occlusion or obstruction that needs further evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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 Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Found 11/13/20 during screening colonoscopy.; There has not been any treatment or conservative therapy.; Mass found during screening colon.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 acute pain.; There has not been a physical exam.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); bypass & fax; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 will fax clinicals; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Abnormal CT scan; Adenopathy; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Patient is having 6-8 weeks of abdominal pain and nausea; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the pain is acute or chronic.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Enter answer here - or Type In Unknown If No Info Given. &gt;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; focal mild dialation of left intrahepatic duct right at the fissure between the left and rt hepatic lobe.left looks small. cholangiocarcinoma biliary cysts must be considered.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" fax clinical	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" IMPRESSION:1. Cirrhotic appearance of the liver with 2 arterially enhancing;lesions measuring 1.3 and 1.6 cm in hepatic segment 8. These are;incompletely evaluated on this examination as there is no delayed;images, however, are consistent with at le	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" liver nodules noted on ultrasound	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	58037 MAGNETIC RESONANCE CHOLANGIOPANCREATO	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		HEP - C, colon polyps, abdominal ultrasound was positive; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		Looking at the ducts; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		Patient with elevated LFT's and biliary ductal dilation. Also having RUQ and RLQ abdominal pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	11/12/2020.; 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. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Found 11/13/20 during screening colonoscopy.; There has not been any treatment or conservative therapy.; Mass found during screening colon.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	gastric valvus was present on gastric biopsy.localized mild inflammation carecterized by erythmea was found in gastric atrium.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Diagnosed with Crohn's disease in 2004 in the terminal ileum.; There has been treatment or conservative therapy.; Crohn's; 15 cm of small bowel resected due to an interloop fistula. Has been taking Humira since 06/26 and has done well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	gastric valvulus was present on gastric biopsy.localized mild inflammation carecterized by erythmea was found in gastric atrium.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	11/12/2020.; 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; chronically amemic, dysplasia; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Inflammatory/ Infectious Disease.; Diagnosed with Crohn's disease in 2004 in the terminal ileum.; There has been treatment or conservative therapy.; Crohn's; 15 cm of small bowel resected due to an interloop fistula. Has been taking Humira since 06/26 and has done well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 organ enlargement.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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 study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gastroenterology	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; heach ach back pain and numbness going to back legs; over counter meds and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 trauma or injury.; 02/11/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medications and icing to her face.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &FAX CLINCALS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Notes to be uploaded.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt anticoagulated with new onset persistent headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PT HAS TREMORS, NEW single episode of without status epilepticus seizure . need followup; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt was hit in the head with a softball & has since been having headaches that is getting worse.; This study is being ordered for trauma or injury.; 12/5/2020; There has been treatment or conservative therapy.; HA after getting hit in the head with a softball; Pt has taken ibuprofen & tylenol to help with the HA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	R/O Stroke; numbness and loss of strength and function of right leg x 4 days. need STAT; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	seizures and double vision; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Dementia/ Cognitive Impairment; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is a Medicare member.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a history of stroke, (CVA) known or follow-up.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Hydrocephalus or congenital abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	will fax; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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"; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Pt was hit in the head with a softball & has since been having headaches that is getting worse.; This study is being ordered for trauma or injury.; 12/5/2020; There has been treatment or conservative therapy.; HA after getting hit in the head with a softball; Pt has taken ibuprofen & tylenol to help with the HA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 follow-up to trauma.; Yes this is a request for a Diagnostic CT ; There are No clear fractures or defects noted on x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; It has been less than 14 days since onset; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; None of the above apply to this patient; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; The patient's current rhinosinusitis symptoms are unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 11/27/2020.; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Asprin, and other imaging. Pt has been referred to cardiology and neurology and vascular 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the brain.	6 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 11/27/2020.; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Asprin, and other imaging. Pt has been referred to cardiology and neurology and vascular 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; This study is being ordered for trauma or injury.; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; There has been treatment or conservative therapy.; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; One of the studies being ordered is NOT a	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/23/2020; There has not been any treatment or conservative therapy.; Mass on the back of her neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	patient has a history of Staph, small sores on the right side of face before symptoms started. right facial swelling around the jaw then spreading to the right lip area; This study is being ordered for Inflammatory/ Infectious Disease.; 09-24-20; There has been treatment or conservative therapy.; pain and swelling of the face, pressure of the face; Patient has history of Staph infection that required I&D of the left jaw some years a She was given a 10 day course of bactrim which she reports that she finished and the pain and swelling resolved. However, about 3-5 days after finishing the course, symp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	PATIENT NEEDS THIS DONE PER HER EYE DR., OUR DR. AND KATELAN WELCH APRN AS SOON AS POSSIBLE PLEASE.; This study is being ordered for a neurological disorder.; 10/19/2020; There has not been any treatment or conservative therapy.; WENT TO EYE DOCTORS OFFICE SAID SHE WAS HAVING A STROKE IN HER EYES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	presents today for evaluation of migraines, onset in the past 1 to 2 Months, persistent fluctuates to occipital radiating to frontal and alternating from right and left frontal. Has a history of migraines as young teenager but has not really experienced s; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	presents today for evaluation of migraines, onset in the past 1 to 2 Months, persistent fluctuates to occipital radiating to frontal and alternating from right and left frontal. Has a history of migraines as young teenager but has not really experienced s; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient had a normal audiogram.; The patient is experiencing hearing loss.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	05/20/2016; There has been treatment or conservative therapy.; Continuous chronic headaches, Severe sudden onset; Injections, prescription pain meds, anti-inflammatory meds; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	9/9/2020; It is not known if there has been any treatment or conservative therapy.; M\memory changes Nerve compressionspazz, and tinglinghistory of stroke Balancing probelens Neck pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; This study is being ordered for trauma or injury.; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; There has been treatment or conservative therapy.; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; CT head impression: ;CT head findings: ;;The ventricular system is normal in size and configuration. Mild;periventricular microvascular low-attenuation. The gray-white;differentiation is maintained. There is no evidence for intracranial;hemorrhage o; One of the studies being ordered is NOT a	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. &gt;FAX CLINICALS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ER f/u from 8/20 following TIA. Pt reports she had TIA in 2011. Pt reports she has had intermittent episodes of slurred speech, confusion,; This study is being ordered for a neurological disorder.; ER f/u from 8/20 following TIA. Pt reports she had TIA in 2011. Pt reports she has had intermittent episodes of slurred speech, confusion,; There has been treatment or conservative therapy.; Describe primary symptoms here ; ;Pt reports she has had intermittent episodes of slurred speech, confusion,; Describe treatment / conservative therapy here - ;Rest and wait for imaging to get approved; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Has been having some issues with memory. Has had some issues with word recall for longer than 6 months. Has trouble with doing arithmetic. Is repeating stories. Has not gotten lost. Grandmother had dementia. Had some delirium when he was in the hospital f; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient is having a lot of weakness and changes; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing vertigo	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT NEEDS THIS DONE PER HER EYE DR., OUR DR. AND KATELAN WELCH APRN AS SOON AS POSSIBLE PLEASE.; This study is being ordered for a neurological disorder.; 10/19/2020; There has not been any treatment or conservative therapy.; WENT TO EYE DOCTORS OFFICE SAID SHE WAS HAVING A STROKE IN HER EYES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with history of diabetes, coronary artery disease, hypertension, hyperlipidemia with sudden onset of constant dizziness. Concern for central etiology possible lacunar infarct in the brainstem; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt needs MRI due to memory loss/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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	52 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Chronic headache, longer than one month describes the headache's character.	33 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; New onset within the past month describes the headache's character.	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been diagnosed with known Multiple Sclerosis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Other causes have been ruled out.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describe the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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.	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 fatigue or malaise.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 vertigo	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 fatigue or malaise.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 vertigo	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 infection or inflammation; This is a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 seizures; There has not been a previous Brain MRI completed.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor; A biopsy has been completed to determine tumor tissue type.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This study is being ordered for Vascular Disease	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; There has been treatment or conservative therapy.; Chronic Migraine, Neck Pain, Blurred Vision, Dizziness, HX of Pituitary Tumor and Frequent headaches; Patient has been no medication for the neck pain and the headaches , she is also having blurred vision dizziness; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	7 weeks rib and chest pain no known reason x-ray showed possible fracture CT is a follow up to abnormal x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	52 yo M with worsening SOB and concern for ILD; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	53 year old female who presents for COVID follow up. Dx with COVID 12/5 at Mercy ER. Given steroids and CXR showed an incidental finding of pulmonary nodule 6 cm. She had shortness breath, fatigue, nausea, diarrhea, and dizziness. All of which are improv; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 77 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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal mass noted to right 3rd rib at sternoclavicular; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal xray for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Acute hypoxic respiratory failure could be due to pneumonia/COPD exacerbation : ;CT chest report reviewed which showed patchy bilateral groundglass opacities; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CALLER WILL FAX IN CLINICALS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	chest pain xray heart cath cant find out why having chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chronic cough, no improvement with treatment. Not responding to multiple rounds.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals to be uploaded.; 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 negative.; The member has a complication of suspected Covid-19.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	concern for metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest, RUL consolidation on Xray, pneumonia vs Mass, also pneumoina in LLL, CT chest recommended; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Difficulty breathing, Pt says she is having a hard time getting air.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Evaluate aortic aneurysm and eval for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	fax clinical; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP FOR LUNG NODULE NOTED ON CT ABDOMEN/PELVIS FROM 12/4/2019.; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow up from CT in January; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Follow up of a mass seen on a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	GHas had some chest discomfort and SOB. Has a lot of Dyspnea on exertion. Patient indicates medical history of chronic lung disease. there is a linear echogenic densities seen in the superficial soft tissue of the anterior chest wall overlaying the sternu; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	greater than 30 days ago; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Has continued to have pain in rt lower to mid lung area .;Treated for pleurisy as well as musculoskeletal pain and checked for PE but not better and pain persistent , Xr negative for pathology .;Pain been present for few months and persistent , occurring; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	HE IS ANEMIA,WEAKNESS AND SOB HE IS A SMOKER HIS LABS IS K+3.4,ALK PHOS 159, RBC 4.05, HGB 10 HCT 33 PLT 385 HIS BLOOD PRESSURE IS LOWER THEN NORMAL FOR HIM; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Here with ongoing cough. Has noted this for about 5 days now. Was treated with prednisone, albuterol, and doxycycline. Can't sleep due to cough. Has noted his cough is worse when laying flat. All his other s/s are gone other than the cough. Has note; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>History of a lung mass that was noted 3yrs ago and never had it checked out since wanting to see the growth of the mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	history of bronchitis and asthma. has had his flu vaccine this year. CT scan of his chest done back in the spring time that showed bronchiectasis changes. It was recommended that this be repeated in 6 months to be sure everything was stable. No current n; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	IMPRESSION:;1. Bilateral noncalcified pulmonary nodules as above. Follow-up per; Fleischner Society recommendations should be considered (low risk: CT; at 3-6 months, then consider CT at 18-24 months; high-risk: CT at 3-6; months, then repeat CT at 18-24; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Incidental finding of a 5.5 mm pulmonary nodule and interstitial lung disease on a CT cardiac calcium scoring exam. Radiologist recommends a full CT of the chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; Enter answer here - or Type In Unknown If No Info Given. The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	known infrarenal aneurysm. needs F/u 4.6 cm. Last CT 2/2019. ;New findings on chest xray in office show bulge of thoracic aneurysm needs CT for further evaluation; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	known 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung cancer screening;HAS CONTINUED COUGH AND SHORTNESS OF BREATH FOR MONTHS. ALSO HAS HISTORY OF CHEST TUBE. SMOKER FOR YEARS.CHEST XRAY-NORMAL 11/03/2020;ANTIBIOTICS TRIED AND FAILED TREATMENT.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung mass found greater than 30 days ago- this is for a 1 year follow up; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule and pleuritic pain; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	lung nodule seen greater than 30 days ago; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Lung Nodules Multiple, Atherosclerotic Disease, including at least two-vessel CAD, Lung-RADS Final Assessment Category 4A; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Lungs: On the lateral radiograph, there is a nodular opacity;projecting over the cardiac apex region measuring 2.2 cm; it is not;seen on the PA radiograph. No consolidative opacities. No effusions.;No pneumothorax.Nodular opacity projecting in the card; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Mediastinal and bilateral hilar lymphadenopathy present. Sarcoidosis, lymphoma or potentially other malignancy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Mediastinal lymphadenopathy; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Nodules were found on patient's Right lung following and xray at;FCMC.; "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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	None; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Notes to be uploaded.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	On previous MRI of shoulder, Of smoker, there was a 1 x 1.8 cm axillary node. Radiology recommended a CT chest to 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient continues worsening cough along with fatigue and SOB. CXR was negative recently. Cardiac workup was negative by Cardiology. She needs this CT of her chest to complete workup. She has stopped lisinopril and started amlodopine but cough continues si; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient had Low Dose lung CT in Feb that showed nodules and he needs repeat CT. Insurance doesn't cover but 1 low dose lung CT a year.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient has had 2 xrays. both show concern for lung cancer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	patient has had a chronic dry cough that has worsened, gets short of breath with coughing episodes and has chest pain.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient was shot in the chest a while back and appears to be previous gun fragments left over in the chest area and patient has been having chest pain on the left side where he was shot.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	persistent cough, SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PT HAD A CTA CHEST FOR PE AND IT SHOWS LLL AND RML NODULES. CHEST CT 10/2019 SHOWED MULTIPLE NODULES. THIS IS A 1 YR. FOLLOWUP; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt had CT Abdomen/Pelvis on 4/11/2020 and a lung nodule was noted. Radiologist recommended a f/u CT Chest in 6 months.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>pt had CT of Chest done on 9/15/2020 which shows pulmonary nodules. Radiologist recommended a 3 month CT of chest 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).</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Pt has lost 10 % of body weight in less than 3 months; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 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).</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Pt is Covid-19 positive. Experiencing further symptoms and shortness of breath. Needs CT Eval to see the extent of infection; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; 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.</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt presents with chest pain and abnormal xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Recent abnormal CT cardiac calcium scoring. Incidental finding of a 9mm pulmonary nodule noted in the right posterior lung. Complete chest CT recommended by radiologist for further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	rule out malignancy; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	several pulmonary nodule, concern for milancy, nodule 12mm.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Severe abdominal pain daily; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has not been any treatment or conservative therapy.; Severe abdominal pain.;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	smoking history, last CT performed 3 months ago; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Soft tissue mass, chest, US/xray nondiagnostic; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Solitary pulmonary nodule on right lung per chest x-ray of 2016. Patient is actively smoker.;needs Follow-up imaging is needed to further evaluate solitary nodule for lung cancer due too patient is actively smoking and recent weight loss.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>suspects lung cancer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>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).</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; Enter answer here - or Type In Unknown If No Info Given. &amp;gt;FAX CLINICALS; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; coughing up blood dizziness CT of her chest W and WO contrast due to hemoptysis Is a chronic smoker and states that she was told she probably had emphysema States that she normally coughs up dark sputum, but the bright red blood is new. She origi; "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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 ongoing fever greater than 5 weeks with unknown origin. flu, strep, covid all negative. patient with a history of cancer.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 with a history of lung cancer with lobectomy on the right coughing up blood since before 11/20/20 . X-Ray from 11/20/20 shows mild infiltrates.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	8 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	THIS IS A FOLLOW UP CT FROM A CT IN DEC OF 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	will fax/up[load; 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.; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	X-ray results list density in the linear segment left upper lobe that may be granuloma; however CT of the chest is recommended 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	x-ray showed nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	24 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Lucency on C2 in Xray; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	post surgery from july 2020 - recent fall; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	Pt had a fall 1 month ago & he hit his head & twisted his head/neck with the fall. No loss of consciousness. Pt has experienced persistent pain since the fall.; The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 Asymmetric reflexes.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 Evidence of a recent fracture on previous imaging studies.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 abnormal gait.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; heach ach back pain and numbness going to back legs; over counter meds and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 weakness.; back pain, weakness and leg numbness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; 10/06/20; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; tenderness; Pain is present on palpation over the lumbar spine in the midline, straight leg raise is positive bilaterally at 60 degrees. Extremities: no edema.; There has been treatment or conservative therapy.; ; MELOXICAM AND OTHER ANTI-INFLAMMATORIES. ;Chiari malformation, Syringomyelia;. She feels like her current symptoms are related to her spinal cord abnormality. She has not seen a neurosurgeon in many years. She states that her last MRI scan of the brain ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for 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	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals to be uploaded.; Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Patient had a CT scan that recommended a MRI; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	possible surgery; pt had surgery cervical spine 5/13/1998; There has been treatment or conservative therapy.; low back pain mild soreness; surgery, physical therapy, nerve conduction test; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has had symptoms for over 3 months. Physical therapy has made the pain worse and medications have not helped.; Pt has severe pain in neck and upper back between her shoulder blades. PT has made the pain worse. She has tried NSAIDs and muscle relaxers along with physical therapy for the past 3 months. Recently, her right arm is going numb and she has had pain in; There has been treatment or conservative therapy.; Severe pain, numbness, pain in her eye and loss of vision; Physical therapy, NSAIDs, muscle relaxers; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt has right shoulder pain and neck pain with popping and grinding sensations with loss of range of motion in right shoulder; This study is being ordered for trauma or injury.; Several days ago; There has been treatment or conservative therapy.; Pt has right shoulder pain and neck pain with popping and grinding sensations with loss of range of motion in right shoulder; Heat/ice;analgesics ;Chiropractic care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; This study is being requested for None of the above; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 is a request for cervical spine MRI; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; This case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for cervical spine MRI; None of the above; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; 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 demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting new 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 new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have any of the above listed items	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset or changing radiculitis / radiculopathy	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	; 10/06/20; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; tenderness; Pain is present on palpation over the lumbar spine in the midline, straight leg raise is positive bilaterally at 60 degrees. Extremities: no edema.; There has been treatment or conservative therapy.; ; MELOXICAM AND OTHER ANTI-INFLAMMATORIES. ;Chiari malformation, Syringomyelia.; She feels like her current symptoms are related to her spinal cord abnormality. She has not seen a neurosurgeon in many years. She states that her last MRI scan of the brain ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Severe Scoliosis ; 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; There are NO abnormal reflexes on exam; Previous x-ray does NOT demonstrate severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. ongoing; There has not been any treatment or conservative therapy.; pain discomfort, chronic back pain, degenerative disease; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; low back pain; back injections,PT, MRI showing disc involvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; PT HAS BEEN SEEING A CHIROPRACTOR FOR BACK PAIN AND XRAYS SHOW A THORACIC WEDGE FRACTURE. NEEDS MRI FOR CLARIFICATION.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt has had symptoms for over 3 months. Physical therapy has made the pain worse and medications have not helped.; Pt has severe pain in neck and upper back between her shoulder blades. PT has made the pain worse. She has tried nsoids and muscle relaxers along with physical therapy for the past 3 months. Recently, her right arm is going numb and she has had pain an; There has been treatment or conservative therapy.; Severe pain, numbness, pain in her eye and loss of vision; Physical therapy, nsoids, muscle relaxers; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal gait.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	UNKNOWN; 9-1-20; There has been treatment or conservative therapy.; THORACIC BACK PAIN LOW BACK PAIN LUMBAR RADICULOPATHY numb/tingling in both hands.; ANTI INFLAMMATORIES AND PT; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	WANT TO RULE OUT NERVE ROOT COMPRESSION. GREATEST POINT OF SPONDYLOSIS IS AT L5-S1. PATIENT HAS A HISTORY OF FALLS A FEW YEARS AGO.; 04/2020; There has been treatment or conservative therapy.; HAS PAIN IN THORACIC AND LUMBAR REGIONS. RECURRENT PARESTHESIAS RADIATING DOWN BOTH LEGS TO FEET WITH NUMBNESS, TINGLING, AND HOT AND COLD FEELINGS. FORAMENAL NARROWING AT L4-S1 LEVELS. WANT TO RULE OUT NERVE ROOT COMPRESSION IN LUMBAR/THORACIC SPINE.; PATIENT HAS HAD PHYSICAL THERAPY FROM 10/06/2020 TO 11/06/2020. PATIENT HAS BEEN ON TREMEDOL AS LONG AS PATIENT HAS BEEN IN PAIN.; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	WANTS TO TRY PT; 07/22/2020; There has not been any treatment or conservative therapy.; MIDDLE/LOWER BACK PAIN;HIP PAIN; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; 10/06/20; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Severe Scoliosis ; 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; There are NO abnormal reflexes on exam; Previous x-ray does NOT demonstrate severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2020; There has not been any treatment or conservative therapy.; Pt is having severe pain and decrease range of motion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	chronic back pain, back pain with radiation to both legs;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Clinicals to be uploaded.; Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. ongoing; There has not been any treatment or conservative therapy.; pain discomfort, chronic back pain, degenerative disease; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; low back pain; back injections,PT, MRI showing disc involvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. &#x26;FAX CLINICALS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020	
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Evaluation for further treatment; This study is being ordered for a neurological disorder.; 03/28/2018; There has been treatment or conservative therapy.; chronic pain in the lower back and both hips that has been worsening. Radiculopathy in both legs.; Medication, home exercise and reduction of heavy lifting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020	
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	lower back tenderness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Smoking history in pack-years (packs per day x number of years smoked): 48 Ordering provider to read?: N;ProAir HFA 90 mcg/actuation aerosol inhaler - Inhale 2 puff(s) every 6-8 hours by inhalation route.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Known or suspected tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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 Neurologic deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	20 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s)	21 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	22 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	32 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; It is unknown when the pain started	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	6 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Sexual Dysfunction is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; It is unknown when the pain started; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Follow-up to surgery or fracture within the last 6 months; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Neurologic deficits; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Neurologic deficits; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is NOT being requested for low back pain.; Acute gait abnormality is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Trauma or recent injury; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is NOT being requested for low back pain.; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	UNKNOWN; 9-1-20; There has been treatment or conservative therapy.; THORACIC BACK PAIN LOW BACK PAIN LUMBAR RADICULOPATHY numb/tingling in both hands.; ANTI INFLAMMATORIES AND PT; This study is being ordered for Other	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	WANT TO RULE OUT NERVE ROOT COMPRESSION. GREATEST POINT OF SPONDYLOSIS IS AT L5-S1. PATIENT HAS A HISTORY OF FALLS A FEW YEARS AGO.; 04/2020; There has been treatment or conservative therapy.; HAS PAIN IN THORACIC AND LUMBAR REGIONS. RECURRENT PARESTHESIAS RADIATING DOWN BOTH LEGS TO FEET WITH NUMBNESS, TINGLING, AND HOT AND COLD FEELINGS. FORAMENAL NARROWING AT L4-S1 LEVELS. WANT TO RULE OUT NERVE ROOT COMPRESSION IN LUMBAR/THORACIC SPINE.; PATIENT HAS HAD PHYSICAL THERAPY FROM 10/06/2020 TO 11/06/2020. PATIENT HAS BEEN ON TREMEDOL AS LONG AS PATIENT HAS BEEN IN PAIN.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	WANTS TO TRY PT; 07/22/2020; There has not been any treatment or conservative therapy.; MIDDLE/LOWER BACK PAIN;HIP PAIN; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Continues to have Pelvic pain and bleeding. Pain radiates to right lower quadrant.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	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."; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	see 112157578 note-Submit10/26/2020 8:22:09 AMJoel Levin, MDsymptoms started after a fall ten days ago - she has severe pain and an x-ray was normal. The hip was normal on x ray Needs a pelvic CT; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A cyst was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; low back pain; back injections,PT, MRI showing disc involvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Hard mass palpated in posterior aspect of vagina. 10cm mass palpable from posterior fornix c/w uterine fibroid. Overall uterine size ~17-18cm size, bulky.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	He was seen in urgent care on November the 14 th and had a steroid shot and the very next morning he had pain in the area of the shot that worsened and then developed a progressive numbness and now weakness that is developing in the left leg with weakness; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	On the CT done in January 2020 it states there was an appearance of Lucent Foci within bilateral iliac bones.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a preoperative or recent postoperative evaluation.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; 10/07/2020; There has been treatment or conservative therapy.; Pain In shoulder radiating to arm.; Pain In shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	collateral ligament tear suspected, elbow pain, swelling; 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Degenerative changes of the right wrist with no clear acute;osseous abnormality.;2. Well-defined sclerotic density about the ulnar styloid may;represent sequela of prior injury and/or trauma.;3. Mild soft tissue swelling with no radiopaque foreign b; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	none; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient had a CT scan that recommended a MRI; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Pt has right shoulder pain and neck pain with popping and grinding sensations with loss of range of motion in right shoulder; This study is being ordered for trauma or injury.; Several days ago; There has been treatment or conservative therapy.; Pt has right shoulder pain and neck pain with popping and grinding sensations with loss of range of motion in right shoulder; Heat/ice;analgesics ;Chiropractic care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" shoulder pain, acute, persistent	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; shoulder pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; PAIN NOT GETTING BETTER ;WORSE WITH TIME; The patient received oral analgesics.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; Aleve, steroids	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not from a recent injury, old injury, chronic pain or a mass.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	He has been treated for stress fracture in his foot. He continues to have pain in his foot, but especially pain in lateral lower leg.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is 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 NOT being planned nor has one already been performed.</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	He has been treated for stress fracture in his foot. He continues to have pain in his foot, but especially pain in lateral lower leg.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Patient experiencing instability on ambulation. He notes pain to be of severe intensity. Patient ambulating with crutches when walking or moving.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were abnormal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 'None of the above' were noted as an indication for knee imaging.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 'None of the above' were noted as an indication for knee imaging.; Suspicion of infection was noted as an indication for knee imaging	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Instability; It is unknown if surgery is planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Swelling greater than 3 days; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; It is not known if surgery is planned for in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 13-year-old male with history of chronic bilateral knee pain right greater than left with x-ray findings concerning for osteochondral lesions of the patella bilaterally.; There has been treatment or conservative therapy.; bilateral knee pain secondary to patella OCD; icing, relative rest, activity modification, PO or topical NSAIDs, bracing, HEP vs 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a mass, tumor or cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 receiving long-term steriod therapy (Prednisone or Cortisone).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	10-12 cm palpations he can feel the mass; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; 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.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	ABNORMAL LAB WORK.; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	concern for metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient reports having abdominal pain and hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Severe abdominal pain daily; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2020; There has not been any treatment or conservative therapy.; Severe abdominal pain.;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is suspicion of an adrenal mass (pheochromocytoma);. It is unknown what is suggesting a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is suspicion of renal mass.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the abdomen.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2020; There has been treatment or conservative therapy.; abdominal pain constipation / possible blockage nausea and reflex 'decrease in apatite; medication PPI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	known infrarenal aneurysm. needs F/u 4.6 cm. Last CT 2/2019. ;New findings on chest xray in office show bulge of thoracic aneurysm needs CT for further evaluation; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Notes to be uploaded.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the urinalysis results were normal or abnormal.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	14 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 follow up trauma.; There is laboratory or physical evidence of an intra-abdominal bleed.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is unknown if the patient has 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); WILL FAX CLIN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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); BOWEL HABIT CHANGED; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); FAX INFO; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); patient has blood coming from navel area; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; 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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Vascular disease; Pain and tenderness; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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, 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	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; radiating pain, nausea, vomiting, fever, fatigue, frequent diarrhea; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; chronic blood loss; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Chronic LUQ pain, CT was ordered for f/u with Dr. Dadla but patient cancelled it, one area noted that couldn't be ruled out as a neoplastic or inflammatory process.;4.20.2020-CT Abdomen Pelvis with contrast Impression:Abnormal soft tissue stranding in th; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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&gt;FAX CLINICALS; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Palpable hernia. Need CT to determine size and if it requires surgical repair; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Pt has had COVID 19 and still experiencing abdominal pain.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; ruling out a hernia patient has pain after lifting heavy boxes; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; UNXPLAINED WT LOSS, NO APPETITE; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; want to evaluate heart due to weakness in extremities, member has elevated liver function and palpitations; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; worsening epigastric pain, black tarry stools, chronic constipation, diverticulosis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	22 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if this is a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; 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.; HIS RBC, HGB, HCT, MCH AND MCHC AR ALL LOW; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	30 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 are unknown.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	20 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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, Aneysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	30 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Left kidney mass. Intra-abdominal and pelvic swelling, mass and lump, unspecified site.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An amylase abnormality was noted.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the study is for follow up or staging.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; Umbilical hernia	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;"	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. &g;	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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."; CT of abdomen shows 10 cm lesion in left hepatic lobe	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; CT scan done in ER	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; Patient had a abdominal CT without contrast on 07/07/2020. Questionable lesions on the patients liver were spotted. However, due to limitations of a non-contrast exam, the doctor recommended an MRI with contrast to exclude an worrisome lesions.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; Patient has unspecified fever cause, Abdomen pain of RUQ Abnormal CT scan, and Abnormal Ultrasound of Kidney,	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; THIS IS A FOLLOW UP FROM A PREVIOUS ABNORMAL MRI	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac structure and	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lifetime risk of 35% using Tyrer-Cuzak scale. Patient's mother diagnosed at 50 with bilateral breast cancer, Maternal Aunt at 45 and Maternal Grandmother at 50 with breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	occasionally chest pain episodes THAT RADIATES TO LEFT ARM; DIABETES, LONG TERM INSULIN USE; HYPERTENSION; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	patient has hypertension, is a current smoker, obese, and has been having 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Pt has LBBB found on EKG. Hx includes obesity - BMI 35, hypertension, hyperlipidemia; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	pt having DOE, has known 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	ER f/u from 8/20 following TIA. Pt reports she had TIA in 2011. Pt reports she has had intermittent episodes of slurred speech, confusion,; This study is being ordered for a neurological disorder.; ER f/u from 8/20 following TIA. Pt reports she had TIA in 2011. Pt reports she has had intermittent episodes of slurred speech, confusion,; There has been treatment or conservative therapy.; Describe primary symptoms here ; ;Pt reports she has had intermittent episodes of slurred speech, confusion,; Describe treatment / conservative therapy here - ;Rest and wait for imaging to get approved; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Evaluate Cardiac valvular function and Valve prolapse Last Echo 2016; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	EVALUATE PROGRESSION OF CONGESTIVE HEART FAILURE; WORSENING SYMPTOMS OF SHORTNESS BREATH W/EXERTION; ABNORMAL EKG RESULTS 6/16/20: ECTOPIC ATRIAL RHYTHM; LEFT ACCESS DEVIATION; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Mbr had a SYNCONPE while driving.; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	peripheral edema needs refill on Lasix and potassium out of medication for weeks. Numbness in bilateral lower extremities has underwent nerve conduction studies January 2020 no lumbar radiculopathy unable to assess underlying polyneuropathy with very poor; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Positive for 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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	PVCs: She was evaluated by Dr. Kamalov at Baptist cardiology and was told that she would require a PVC ablation. She refused to undergo procedure. She has shortness of breath and lower extremity edema, but to her knowledge has not had an echocardiogram ; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above or don't know.; This study is being ordered for pre-operative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The murmur is grade III (3) or greater.	16 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	24 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	20 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Last 25 days feeling acid feeling with chest pain, all times of day, with and without food. TUMS, baking soda, Mylanta without help. Never had before. Feels burning in his chest, nausea, worse with lying down, feels from stomach to throat. Gets sour taste; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Smoking history in pack-years (packs per day x number of years smoked): 48 Ordering provider to read?: N;ProAir HFA 90 mcg/actuation aerosol inhaler - Inhale 2 puff(s) every 6-8 hours by inhalation route.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	47 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Unknown; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	unkown; This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		Will upload clinicals.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATO		; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATO		unknown.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/02/2020; There has been treatment or conservative therapy.; HEADACHE, NECK PAIN, RIGHT SIDED FACIAL AND RIGHT ARM NUMBNESS AND TINGLING, MEMORY CHANGES.; CELEBREX 200MG- 1 PO QD;GABAPENTIN 300MG- 1 TO 2 PO QHS;TRAMADOL 50MG- 1 PO TID PRN;PHYSICAL THERAPY ORDERED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	balance off, vision issues , nausea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2020; There has not been any treatment or conservative therapy.; Right side of body tingles and goes numb sometimes for 10 min to all day. Will go to sleep and wake up 2 days later and not remember any of it; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Head Injury ;When did the injury occur: 2-3 days ago;Date of injury: 11/06/20;Location of impact: other (Left eye, right jaw );Mechanism of injury: assault;Initial symptoms: Reports confusion, dizziness and headache(s);Are you having any sleep distu; This study is being ordered for trauma or injury.; 11/06/20; There has been treatment or conservative therapy.; Pain, Bruising, swelling; NSAIDs and Ice and Heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headaches; This study is being ordered for trauma or injury.; 2 years ago; There has been treatment or conservative therapy.; weight loss, fainted , and light headed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has abnormal findings on X-Ray of the C-Spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reports sudden onset of syncope without warning. Pt reports palpitations and shortness of breath.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	pt family states changes in memory and behaviors. pt has become more forgetful. has had previous hx of stroke in the past.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	20 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspected 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2020; There has not been any treatment or conservative therapy.; patient is having no symptoms but huge mass on side of jaw; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	weakness;; This study is being ordered for a neurological disorder.; 05/22/20; There has been treatment or conservative therapy.; headache, tenderness around the neck, swelling, fatigue; physical therapy, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Continues to have pain in gums and feels like there is place that could be more than just nerve pain she believes there is something else causing her pain. She has tried Gabapentin for the pain and it did not help. Dentures have been fit and are in correc; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 trauma or injury.; 02/11/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medications and icing to her face.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 trauma or injury.; when it happened: October 2020; There has not been any treatment or conservative therapy.; facial pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Head Injury ;When did the injury occur: 2-3 days ago;Date of injury: 11/06/20;Location of impact: other (Left eye, right jaw );Mechanism of injury: assault;Initial symptoms: Reports confusion, dizziness and headache(s);Are you having any sleep distu; This study is being ordered for trauma or injury.; 11/06/20; There has been treatment or conservative therapy.; Pain, Bruising, swelling; NSAIDs and Ice and Heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been on several rounds of antibiotics without relief of symptoms; This study is being ordered for Inflammatory/ Infectious Disease.; 11/12/2020; There has been treatment or conservative therapy.; Pain and swelling in mastoid area; Antibiotics and anti inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; It has been less than 14 days since onset; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2020; There has not been any treatment or conservative therapy.; patient is having facial pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2020; There has not been any treatment or conservative therapy.; patient is having no symptoms but huge mass on side of jaw; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Lot iof weight loss.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	weakness.; This study is being ordered for a neurological disorder.; 05/22/20; There has been treatment or conservative therapy.; headache, tenderness around the neck, swelling, fatigue; physical therapy, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Congenital Anomaly.; 11/19/2020; There has not been any treatment or conservative therapy.; right corroded bruit injection murmursyncope carotide arteriesfamily history of heart attacks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Multiple episodes of syncope with colapse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	WAS TOLD SHE HAD OCULAR ISCHEMIC SYNDROME.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Multiple episodes of syncope with colapse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	WAS TOLD SHE HAD OCULAR ISCHEMIC SYNDROME.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	fax clinical; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient fell one month ago and is having continuous left eye diplopia and left eye third oculomotor nerve palsy. Patient had a negative CT scan of the orbits.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	TRIGEMINAL NEURALGIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; RIGHT SIDE JAW PAIN CONSTANT SINUS PRESSURE AND PAIN; CARBAMAZEPINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient fell one month ago and is having continuous left eye diplopia and left eye third oculomotor nerve palsy. Patient had a negative CT scan of the orbits.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	12/2019; There has been treatment or conservative therapy.; Fatigue, Neck pain, Temporal Pain, Lightheadedness, blurred vision, HA; NSAIDS, ANTI-INFLAMMATORIES; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Lot iof weight loss.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient fell one month ago and is having continuous left eye diplopia and left eye third oculomotor nerve palsy. Patient had a negative CT scan of the orbits.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	patient has a history of Staph, small sores on the right side of face before symptoms started. right facial swelling around the jaw then spreading to the right lip area; This study is being ordered for Inflammatory/ Infectious Disease.; 09-24-20; There has been treatment or conservative therapy.; pain and swelling of the face, pressure of the face; Patient has history of Staph infection that required I&D of the left jaw some years a She was given a 10 day course of bactrim which she reports that she finished and the pain and swelling resolved. However, about 3-5 days after finishing the course, symp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has new onset hallucinations with a history of dementia.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 memory loss issues and confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are NO neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The character of the headache is unknown.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 NO documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor outside the brain best describes the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The type of tumor is unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or suspected normal pressure hydrocephalus best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	TRIGEMINAL NEURALGIA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; RIGHT SIDE JAW PAIN CONSTANT SINUS PRESSURE AND PAIN; CARBAMAZEPINE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "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.; 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 negative.; The member has a complication of suspected Covid-19.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	: rule out malignancy; JASON VICKERY MD;REQUIRED); feels pulling left chest- not painful- has been reading on costochondritis and feels her sxs are the;same. Diclofenac helped but meloxicam didnt.;She would like to go ahead with a chest CT.;Car; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	4 cm nodule located at the center bottom of the sternum tender to touch. Also patient states was hit by a 2 x 4 in the area a few days ago. States is hard to take a deep breath and cough.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/7/2020; There has been treatment or conservative therapy.; PT HAS FEVER, NO APPETITE, WEIGHT LOSS, FATIGUE, INSOMNIA; WE WAS GIVEN A COURSE OF ANTIBIOTICS WITH NO RELIEF.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	12/08/2020 HPI Having trouble breathing. Has O2 available 24/7. Still has 2 PPD for years. Is only using the nebulizer twice daily and will have her increase that to 4 times daily. She was on Trilogy inhaler in the past and did fairly well but not in; There has been treatment or conservative therapy.; 57-year-old female with a history of diabetes and COPD on oxygen at home at night presents to the ED after being called by the primary care doctor due to low H&H. Patient went to see her PCP for routine follow-up. She does admit that she has had some in; Pt was in hospital for 2 days; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain/cough - lesion noted on left 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chronic cough for over a year with abn chest x-ray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/20/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. &gt;FAX CLINICALS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. &gt;FAX INFO; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Fax; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	FINDINGS;;Lower Chest: Breathing related and motion changes with mild bibasilar;atelectasis. Scattered pulmonary nodules are seen in the lungs;;largest measuring up to 6.6 mm in the posterior right lung base. A few;calcified granulomas are also sugges; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	headaches; This study is being ordered for trauma or injury.; 2 years ago; There has been treatment or conservative therapy.; weight loss, fainted , and light headed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	heard a pop of right side of chest; This study is being ordered for trauma or injury.; 11/21/2020; There has been treatment or conservative therapy.; pain while breathing, pain in chest and into abdomen; x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lot of weight loss.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	No follow up from nodule found years ago; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient stated that in 2015 she had an x-ray of the neck which incidentally found a nodule on her lung.She has had a follow up CT every 6 months till she moved. It has been over 2 years since her last CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had asthma as a child and works with chemicals and is coughing a lot and being woke up with the coughing needing to find out whats going on with 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt had her previous studies out of state and was told she needs follow-up CT every 6 months. We do not have the previous report.also has a hx of Hep C 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	reports has random fevers and swollen lymph nodes. feels tired all the time. apparently had some thrombocytosis and some elevation in his liver enzymes as well. has noticed swollen lymph nodes in neck, armpit and groin; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She does smoke about a pack a day. She has for the last 4 years. She reports today that she would like to quit. She has taken Chantix in the past and would like to restart. She has had multiple episodes of bronchitis and was recently told by a physici; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	She might have weakness of the cartilage of the trachea or the bronchial tubes which can mimic asthma.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Suspicious lung nodule ;Left sided chest pain ;fatigue; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	T-spine xray with increased kyphosis. EKG and labs relatively unremarkable. Pushing over left anterior chest wall makes pain worse.;Patient had CAD and does have cardiac stents. She has smoking history of 46 years but quit 2.5 years ago. Denies any cough; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; end of August 2020; There has been treatment or conservative therapy.; pain radiates around from mid back to left ribs - worsens with movement or deep breaths or when laying on left side; treated with cyclobenzaprine and Tylenol #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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no physical or radiologic evidence of a chest wall abnormality.; PATIENT COMPLAINT OF LEFT RIB PAIN FOLLOWING CLOSED TRAUMATIC COMPRESSION FRACTURE OF THORACIC VERTEBRA; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNEXPLAINED WEIGHT LOSS R63.4;Duration of Symptoms: 6 MONTHS;Start;;Physical Exam Findings: weight loss;Preliminary Procedures Already Completed;;Scoped Procedures / Referrals;;Other;;Medications;;Duration of Medications;;Reason for Study ;(REQU; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax in clinicals; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2020; There has not been any treatment or conservative therapy.; Shortness of breath and 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	T-spine xray with increased kyphosis. EKG and labs relatively unremarkable. Pushing over left anterior chest wall makes pain worse.;Patient had CAD and does have cardiac stents. She has smoking history of 46 years but quit 2.5 years ago. Denies any cough; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; end of August 2020; There has been treatment or conservative therapy.; pain radiates around from mid back to left ribs - worsens with movement or deep breaths or when laying on left side; treated with cyclobenzaprine and Tylenol #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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 10/02/2020; There has been treatment or conservative therapy.; HEADACHE, NECK PAIN, RIGHT SIDED FACIAL AND RIGHT ARM NUMBNESS AND TINGLING, MEMORY CHANGES.; CELEBREX 200MG- 1 PO QD;GABAPENTIN 300MG- 1 TO 2 PO QHS;TRAMADOL 50MG- 1 PO TID PRN;PHYSICAL THERAPY ORDERED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Apprx 7 months ago, rollover MVA; There has not been any treatment or conservative therapy.; radiating pain in cervical and lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	balance off, vision issues , nauseas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; greater than 12 weeks; There has been treatment or conservative therapy.; neuropathylimited range of motionweak grip; xrays, physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	fracture of right talus; This study is being ordered for trauma or injury.; 9/17/2020; There has been treatment or conservative therapy.; knee pain, arthritis of the knee; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	I have tried several times to get a Cervical Spine MRI and I have been denied each time. The patient is needing to go to a neurosurgeon but has to have a MRI or CT before they go. Patient is having worsening sympmtoms. She has tried medicine, physical ther; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of cervicalgia. The location of discomfort is posterior. It radiates to the intrascapular area. The pain is characterized as moderate in intensity, constant, and sharp. Initial onset was yesterday. The precipitating event seems to h; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has abnormal findings on X-Ray of the C-Spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried to work with this condition on repeated jobs but suffers too much pain to continue at any job she has tried. She is willing to have surgery if this condition could be corrected. In order to see if this condition is correctable by surger; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Still having some neck pain, very painful to rotate and flex/extend neck. No numbness;or tingling but pain over midline of spine.;Insurance denied MRI of Cervical so trying to get CT approved; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a mass on the base of the neck on an x-ray. The CT is for more detail imaging.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/2019; There has been treatment or conservative therapy.; numbness and tingling in her right leg along with numbness and burning in bilateral arms occasionally. reports that pain is mostly in her lower back and right hip/buttock. She has had an episode of incontinence in the past after a back injury but none rec; tizanidine, steroids, and naproxen, NSAIDs, rest, and PT for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	balance off, vision issues , nauseas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2020; There has been treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 12 weeks; There has been treatment or conservative therapy.; neuropathylimited range of motionweak grip; xrays, physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain. numbness. weakness.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried to work with this condition on repeated jobs but suffers too much pain to continue at any job she has tried. She is willing to have surgery if this condition could be corrected. In order to see if this condition is correctable by surger; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/2019; There has been treatment or conservative therapy.; numbness and tingling in her right leg along with numbness and burning in bilateral arms occasionally. reports that pain is mostly in her lower back and right hip/buttock. She has had an episode of incontinence in the past after a back injury but none rec; tizanidine, steroids, and naproxen, NSAIDs, rest, and PT for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Apprx 7 months ago, rollover MVA; There has not been any treatment or conservative therapy.; radiating pain in cervical and lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	balance off, vision issues , nauseas; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2020; There has been treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 12 weeks; There has been treatment or conservative therapy.; neuropathylimited range of motionweak grip; xrays, physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/20/2020; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Needs ct scan first, then ortho to see for injection of hip joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Pain is worse, left gluteal region and in joint region, no relief with steroids or the steroid shot into bursae,. Walking , sitting, etc all painful; steroid shots; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried to work with this condition on repeated jobs but suffers too much pain to continue at any job she has tried. She is willing to have surgery if this condition could be corrected. In order to see if this condition is correctable by surger; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient is to be referred to a pain specialist to see if he could benefit from this before surgical intervention. Patient has not had any improvements with any at home or therapy interventions. Patient's Neurolog; This study is being ordered for a neurological disorder.; Pt desires to have CT scan for lower back; states was originally seen for problem in Feb - MRI showed neck problem, had surgery, but lower back is much worse now, states he has problems "getting around" without walker. he has seen Dr. Pait (neurosurgery) ; It is not known if there has been any treatment or conservative therapy.; Since neck surgery, lower back is much worse now, states he has problems "getting around" without walker. he has seen Dr. Pait (neurosurgery) and advised d/t not improved with non-surgical avenues of therapy to RTC. he advised he contacted them and they s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Has sciatica bilaterally, which originates in the lower back, with main pain in the left leg. Sciatica started in the last 6 months. Has severely affected her daily routine. Has numbness in the left leg from hip to toes.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; Pt is having Pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	; 01/22/2020; There has been treatment or conservative therapy.; Pain; Pain Management, Pain Medications, Injections; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 2017; There has been treatment or conservative therapy.; Worsening back and neck pain with new onset sciatica left side.; Pt with a hx fx to neck and has daily pain that has not eased. Pt also with back pain that she states has been worse and is now running down left leg.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 with neck and back pain that continues to hurt despite prescription and conservative therapy upon reevaluation; There has been treatment or conservative therapy.; Continuing neck and back pain; Physician guided therapy, NSAIDS and prescription therapy; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/07/2020; There has been treatment or conservative therapy.; Pain In shoulder radiating to arm.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 trauma or injury.; 09/15/2020; There has been treatment or conservative therapy.; Pain radiating down shoulder. Pain with rotation. Muscle spasms. Severe pain with right sided origin. Radiating pain down back.; Physical therapy, home exercise, and pain medication since 09/2020.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	9/9/2020; It is not known if there has been any treatment or conservative therapy.; M\memory changes Nerve compressionspazz, and tinglinghistory of stroke Balancing probelens Neck pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	12/2019; There has been treatment or conservative therapy.; Fatigue, Neck pain, Temporal Pain, Lightheadedness, blurred vision, HA; NSAIDS, ANTI-INFLAMMATORIES; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain:Qualifiers:;Back pain location: thoracic back pain Chronicity: chronic Back pain laterality: midline;;Low back pain:Status: Chronic;Qualifiers:Back pain laterality: left Chronicity: acute Sciatica laterality: sciatica of left side Sciat; 03/26/2019-Initial date for the L-spine pain and the T-spine pain. C-spine Initial date is 3/11/2020; There has been treatment or conservative therapy.; Cervical- Congenital Stenosis of the Cervical Spine.;Lumbar- Low back pain with Mild DDD;Thoracic-Segmental and somatic dysfunction of thoracic region; 7/23/2019- Physical Therapy was started for the Lumbar pain and Thoracic lumbar pain.;9/30/2020- Cervical pain therapy was started; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	C/O posterior neck pain that radiates to left posterior shoulder for approx a year but is worsening;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C/O posterior neck pain that radiates to left posterior shoulder for approx a year but is worsening; denies known injury; has had PT recommended by another clinic but thinks she needs to have a MRI due to worsening symptoms. Reports that pain causes heada; There has been treatment or conservative therapy.; left shoulder pain, neck pain; Physical therapy, OTC medications, and Rx 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	DIFFICULTY PREFORMING JOB AND DAILY TASK; 10/23/2020; There has been treatment or conservative therapy.; PAIN IN SHOULDER WITH NUMBNESS AND TINGLING OF LEFT LUE, AND RLE; STEROIDS, GABAPENTIN, HEAT, AND MASSAGE.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 It 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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. July 2020; There has been treatment or conservative therapy.; chronic midline low back pain; aripadole, chlorvoxazone, topiranaate; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 10/23/2020; There has not been any treatment or conservative therapy.; Mass on the back of her neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 trauma or injury.; 11/2/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given HEP and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. unknown; There has been treatment or conservative therapy.; paresthesias of both arms; HEP; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Frozen shoulder, bilateral. Administer steroid shots earlier this year that provided him mild relief. Also had referred for physical therapy which she feels like made the symptoms worse, not better. Moderate-severity arthritis bilateral shoulders. Keep ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	muscle spasms seen on x ray; 12/9/2020 last visit; There has not been any treatment or conservative therapy.; pain radiating both legs muscle spasms prior leg surgery no findings on xrays; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; unknown; There has been treatment or conservative therapy.; pain; pt, home exercises, analgesics; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 needs an mri of c spine and right shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 HAD AN X-RAY ON 10/19/2020 AND IS NEEDING ADDITIONAL TESTING TO DETERMIN CHRONIC PAIN IN LEFT SHOULDER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAD SHOULDER SURGERY IN APRIL OF 2019. PT STARTING HAVING PAIN IN AUGUST OF 2020.; There has been treatment or conservative therapy.; PATIENT IN CLINIC TODAY FOR LEFT SHOULDER PAIN, RADIATES TO UPPER BACK, ACCORSS TO RIGHT SHOULDER.;PATIENT HAD SHOULDER SURGERY ON 04/2019.; PT DID AT HOME EXCERCISES AND WAS GIVEN NAPROXEN. NEITHER OF WHICH WORKED.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 previous answer; First OV was 10-9-2020 Patient also failed Physical Therapy Patients condition has worsened; There has been treatment or conservative therapy.; Chronic low back pain with Bilateral Sciatica spondylosis and bilater leg pain, DEcreased Range of motion and Flexion and extension, Stress Bilateral SI Joints and Spasm in Bilateral Lumbar Paraspinous Muscles, ;;For Cervical he has Neck pain with left; Formal Physical Therapy with no improvement, Medication anti inflamtories and Steroids; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	SHE HAS HAD AN ABNORMAL XRAY; 4/7/2020; There has been treatment or conservative therapy.; NECK & BACK PAIN RADIATING DOWN ARMS INTO HANDS; MEDICATION AND PHYSICAL THERAPY; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 bowel or bladder dysfunction	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been a supervised trial 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; It is unknown if there is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset or changing radiculitis / radiculopathy	12 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; None of the above describes the reason for requesting this procedure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Chronic Migraine, Neck Pain, Blurred Vision, Dizziness, HX of Pituitary Tumor and Frequent headaches; Patient has been no medication for the neck pain and the headaches , she is also having blurred vision dizziness; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Unknown; There has been treatment or conservative therapy.; Numbness/Tingling/Pain on the left side of the body; Patient has tried pred taper and prn tizanidine; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; unknown; There has been treatment or conservative therapy.; pain; home exercise PT analgesic; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax in clinicals to support; 2012; There has been treatment or conservative therapy.; Had surgery on neck 8-10 years ago, arthralgias, back pain, neck pain, chronic bilateral low back pain with left sided sciatica; Home exercise, anti inflammatory, muscle relaxers; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	will fax; will fax; It is not known if there has been any treatment or conservative therapy.; will fax; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload clinical; Will upload clinical; There has been treatment or conservative therapy.; Will upload clinical; Will upload 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; Pt is having Pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 2017; There has been treatment or conservative therapy.; Worsening back and neck pain with new onset sciatica left side.; Pt with a hx fx to neck and has daily pain that has not eased. Pt also with back pain that she states has been worse and is now running down left leg.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; Back and Thoracic pain; There has been treatment or conservative therapy.; lumbar back pain and thoracic back pain.; mopping at work makes her left side and down her left leg it really hurts and;locks up. taking her gabapentin and it helps some. tried to do the physical therapy but;it made her hurt worse. the neurontin makes; Physical Therapy, patient had two visits but hurt to bad and couldnt go back. Patient also given gabpentin and diclofenac; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; oct 2019; There has been treatment or conservative therapy.; numbness and tingling in her right leg along with numbness and burning in bilateral arms occasionally. She has had an episode of incontinence in the past after a back injury but none recently. She reports that the pain has caused her to have to quit her ; tizanidine, steroids, and naproxen, Physical Therapy, Failed conservative treatment with NSAIDs, rest, and PT for back pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 with neck and back pain that continues to hurt despite prescription and conservative therapy upon reevaluation; There has been treatment or conservative therapy.; Continuing neck and back pain; Physician guided therapy, NSAIDS and prescription therapy; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 / 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 09/15/2020; There has been treatment or conservative therapy.; Pain radiating down shoulder. Pain with rotation. Muscle spasms. Severe pain with right sided origin. Radiating pain down back.; Physical therapy, home exercise, and pain medication since 09/2020.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain:Qualifiers:;Back pain location: thoracic back pain Chronicity: chronic Back pain laterality: midline;;Low back pain:Status: Chronic;Qualifiers:Back pain laterality: left Chronicity: acute Sciatica laterality: sciatica of left side Sciat; 03/26/2019-Initial date for the L-spine pain and the T-spine pain. C-spine Initial date is 3/11/2020; There has been treatment or conservative therapy.; Cervical- Congenital Stenosis of the Cervical Spine.;Lumbar- Low back pain with Mild DDD;Thoracic- Segmental and somatic dysfunction of thoracic region; 7/23/2019- Physical Therapy was started for the Lumbar pain and Thoracic lumbar pain .;9/30/2020- Cervical pain therapy was started; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	DIFFICULTY PREFORMING JOB AND DAILY TASK; 10/23/2020; There has been treatment or conservative therapy.; PAIN IN SHOULDER WITH NUMBNESS AND TINGLING OF LEFT LUE, AND RLE; STEROIDS, GABAPENTIN, HEAT, AND MASSAGE.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. Enter date of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 6/1/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given nsaid, Home therapy as well as in the doctors office; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. unknown; There has been treatment or conservative therapy.; back pain; HEPhelp w/ PTherapist; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. unknown; There has been treatment or conservative therapy.; paresthesias of both arms; HEP; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	muscle spasms seen on x ray; 12/9/2020 last visit; There has not been any treatment or conservative therapy.; pain radiating both legs muscle spasms prior leg surgery no findings on xrays; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 present to clinic with back pain.; 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 NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	possible surgery; pt had surgery cervical spine 5/13/1998; There has been treatment or conservative therapy.; low back pain mild soreness; surgery, physical therapy, nerve conduction test; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	She has degenerative joint disease of her 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if there is weakness or reflex abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 reflex abnormality.; back-ttpat left c7-t2left posterior and lateral deltoid msk arm slight internal rotation and flexion at elbow for most comfort.;;pain lft shoulder flexion to 90 degrees. normal slow elbow flexion	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; SEE CLCL	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; She also has chronic neck pain and lower back. There is decreasing ROM in neck with increasing pain. Pain in thoracic back is most severe and has imaging- Has CT imaging from 2005 that shows scoliosis and possible development fusion of T9-T10. Lumbar bac	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; weak limbs; numbness of the legs/feet; tingling.severe (8-10); interference with sleep; interference with work. pain radiating to the legs; pain radiating to the foot; pain radiating to the ankle,sharp; tingling; dull; stiffness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; did not help for three weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 no weakness or reflex abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 not scheduled within the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; There is no weakness or reflex abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Unknown; There has not been any treatment or conservative therapy.; Thoracic disc herniated; degenerative disc disease; thoracic disc disease; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has not been any treatment or conservative therapy.; Pt is having Pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; 01/22/2020; There has been treatment or conservative therapy.; Pain; Pain Management, Pain Medications, Injections; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 2017; There has been treatment or conservative therapy.; Worsening back and neck pain with new onset sciatica left side.; Pt with a hx fx to neck and has daily pain that has not eased. Pt also with back pain that she states has been worse and is now running down left leg.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; Back and Thoracic pain; There has been treatment or conservative therapy.; lumbar back pain and thoracic back pain.; mopping at work makes her left side and down her left leg it really hurts and; locks up. taking her gabapentin and it helps some. tried to do the physical therapy but; it made her hurt worse. the neurontin makes; Physical Therapy, patient had two visits but hurt to bad and couldnt go back. Patient also given gabpentin and diclofenac; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; oct 2019; There has been treatment or conservative therapy.; numbness and tingling in her right leg along with numbness and burning in bilateral arms occasionally. She has had an episode of incontinence in the past after a back injury but none recently. She reports that the pain has caused her to have to quit her ; tizanidine, steroids, and naproxen, Physical Therapy, Failed conservative treatment with NSAIDs, rest, and PT for back pain; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 neck and back pain that continues to hurt despite prescription and conservative therapy upon reevaluation; There has been treatment or conservative therapy.; Continuing neck and back pain; Physician guided therapy, NSAIDS and prescription therapy; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back pain:Qualifiers:;Back pain location: thoracic back pain Chronicity: chronic Back pain laterality: midline;;Low back pain:Status: Chronic;Qualifiers:Back pain laterality: left Chronicity: acute Sciatica laterality: sciatica of left side Sciat; 03/26/2019-Initial date for the L-spine pain and the T-spine pain. C-spine Initial date is 3/11/2020; There has been treatment or conservative therapy.; Cervical- Congenital Stenosis of the Cervical Spine.;Lumbar- Low back pain with Mild DDD;Thoracic-Segmental and somatic dysfunction of thoracic region; 7/23/2019- Physical Therapy was started for the Lumbar pain and Thoracic lumbar pain.;9/30/2020- Cervical pain therapy was started; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 It 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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. 6/1/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given nsaid, Home therapy as well as in the doctors office; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. July 2020; There has been treatment or conservative therapy.; chronic midline low back pain; aripnadole, chlorvoxazone, topirandate; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/18/2020; There has not been any treatment or conservative therapy.; Shortness of breath and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/2/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given HEP and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. unknown; There has been treatment or conservative therapy.; back pain; HEPhelp w/ PTherapist; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	FAX CLINICAL; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Frozen shoulder, bilateral. Administer steroid shots earlier this year that provided him mild relief. Also had referred for physical therapy which she feels like made the symptoms worse, not better.Moderate-severity arthritis bilateral shoulders. Keep ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; pt, home exercises, analgesics; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 present to clinic with back pain.; 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 NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; A previous x-ray demonstrate severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 back pain with pain and numbness radiating into legs. Xray was normal. Pt needs MRI to determine if she should follow up with NS who did her past surgery or epidural steroid injection.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having bilateral hip pain, back pain and weakness in lower extremities since fall; This study is being ordered for trauma or injury.; 10/01/20; There has been treatment or conservative therapy.; PT is having bilateral hip pain, back pain and weakness in legs since fall; analgesic, muscle relaxers, steroids, ice, heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CLINICALS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	See previous answer; First OV was 10-9-2020 Patient also failed Physical Therapy Patients condition has worsened; There has been treatment or conservative therapy.; Chronic low back pain with Bilateral Sciatica spondylosis and bilater leg pain, DEcreased Range of motion and Flexion and extension, Stress Bilateral SI Joints and Spasm in Bilateral Lumbar Paraspinoous Muscles, ;;For Cervical he has Neck pain with left; Formal Physical Therapy with no improvement, Medication anti inflamtrories and Steroids; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Seen today for follow-up on hypertension.;Also complaining of back pain has history of degenerative disc disease of lumbar spine. Report increasing pain in his lower back. He has to do a lot of bending lifting. He is caregiver to his invalid son. Has to ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has degenerative joint disease of her 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	SHE HAS HAD AN ABNORMAL XRAY; 4/7/2020; There has been treatment or conservative therapy.; NECK & BACK PAIN RADIATING DOWN ARMS INTO HANDS; MEDICATION AND PHYSICAL THERAPY; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	55 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	23 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	36 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; None of the above are documented.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record;	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 assess for disc bulging or nerve damage from fall; This study is being ordered for trauma or injury.; 08/07/2020; There has been treatment or conservative therapy.; Low back and right hip pain, burning sensation in right hip; Prednisone, daily anti-inflammatory, time off of work, limited activity when returned to work, no lifting over 10 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Unknown; There has been treatment or conservative therapy.; Numbness/Tingling/Pain on the left side of the body; Patient has tried pred taper and prn tizanidine; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	unknown; unknown; There has been treatment or conservative therapy.; pain; home exercise PT analgesic; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; Unknown; There has not been any treatment or conservative therapy.; Thoracic disc herniated; degenerative disc disease; thoracic disc disease; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax in clinicals to support; 2012; There has been treatment or conservative therapy.; Had surgery on neck 8-10 years ago, arthralgias, back pain, neck pain, chronic bilateral low back pain with left sided sciatica; Home exercise, anti inflammatory, muscle relaxers; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	will fax; will fax; It is not known if there has been any treatment or conservative therapy.; will fax; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Will upload clinical; Will upload clinical; There has been treatment or conservative therapy.; Will upload clinical; Will upload 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays where done on Pt yesterday, and MD needs for imaging done. Dr needs MRI done on PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72191 Computed tomographic angiography, pelvis, 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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	balance off, vision issues , nausea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Injury of right hip, subsequent encounter - Primary;ASSESSMENT.Chronic condition in need of revised plan.;MANAGEMENT. See below for changes to current management plan.;PATIENT PROBLEM SPECIFIC GOALS. Stable management of chronic problem; This study is being ordered for trauma or injury.; 09/06/2020; There has been treatment or conservative therapy.; Chief complaint of R hip pain with walking. Pt reports being struck by a pickup truck 3 weeks ago, Xray in ER showed no bony abnormalities. Pt states pain is 10/10 at its worst and occurs during all weight bearing activities, describes pain as "bone gri; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had painful lumps on her lower abdomen for about a year.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; ; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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.; 09/28/2020; There has not been any treatment or conservative therapy.; Pt is having severe pain and decrease range of motion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	bypass clinicals; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Left kidney mass. Intra-abdominal and pelvic swelling, mass and lump, unspecified site.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Low back and pelvic pain with abnormal imaging; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	mass found on exam; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Inflammatory/ Infectious Disease.; 11/19/2020; There has not been any treatment or conservative therapy.; pain and difficulty walking-possible avascular necrosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Positive for decreased urine volume, penile pain and testicular pain.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	tail bone 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 tail bone pain or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Ultrasound was done on 10/28/20 and nothing was found.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/20; It is not known if there has been any treatment or conservative therapy.; Stabbing 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain. numbness. weakness.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Condition has worsened since Ct, patient has failed multiple treatmeants.; This study is being ordered for inflammatory/ Infectious Disease.; Patient was seen in clinic on 09/19/20, patient has decreased motion of his right arm and right elbow. Patient has been dealing with this 10/10 pain since 2 months ago. Patient had a negative CT 2 weeks ago and started p.t. with no results.; There has been treatment or conservative therapy.; Decreased range if motion;10/10 pain;edema;elevated sed rate; Patient has tried several medications, labs, imaging. Patient has tried P.T. with no results.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Patient has had normal XRs in clinic and tried previous therapies that have been ineffective. Patient is experiencing debilitating pain and loss of strength that is interfering with his tasks at work daily.; This study is being ordered for trauma or injury.; RIGHT ARM PAIN: 08/24/2020;LEFT WRIST PAIN: 2007;RIGHT ANKLE PAIN: 2007; There has been treatment or conservative therapy.; Numbness and tingling, shooting and radiating pain, significant decreased strength, daily swelling.; NSAIDs, muscle relaxants, icing and compression, relative rest, etc.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 a history of upper extremity trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 09/15/2020; There has been treatment or conservative therapy.; Pain radiating down shoulder. Pain with rotation. Muscle spasms. Severe pain with right sided origin. Radiating pain down back.; Physical therapy, home exercise, and pain medication since 09/2020.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	C/O posterior neck pain that radiates to left posterior shoulder for approx a year but is worsening;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C/O posterior neck pain that radiates to left posterior shoulder for approx a year but is worsening; denies known injury; has had PT recommended by another clinic but thinks she needs to have a MRI due to worsening symptoms. Reports that pain causes heada; There has been treatment or conservative therapy.; left shoulder pain, neck pain; Physical therapy, OTC medications, and Rx 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Condition has worsened since Ct, patient has failed multiple treatmeants.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient was seen in clinic on 09/19/20, patient has decreased motion of his right arm and right elbow. Patient has been dealing with this 10/10 pain since 2 months ago. Patient had a negative CT 2 weeks ago and started p.t. with no results.; There has been treatment or conservative therapy.; Decreased range if motion;10/10 pain;edema;elevated sed rate; Patient has tried several medications, labs, imaging. Patient has tried P.T. with no results.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/2/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given HEP and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	EXTREMITIES: limited ROM to left arm, moderate swelling left elbow. ;Patient is a 60 year old female who reports she took a bad fall yesterday and she can not straighten her left arm out. Pain is mostly in her left elbow.;HPI ELBOW pain: c/o elbow pain ; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has had normal XRs in clinic and tried previous therapies that have been ineffective. Patient is experiencing debilitating pain and loss of strength that is interfering with his tasks at work daily.; This study is being ordered for trauma or injury.; RIGHT ARM PAIN: 08/24/2020;LEFT WRIST PAIN: 2007;RIGHT ANKLE PAIN: 2007; There has been treatment or conservative therapy.; Numbness and tingling, shooting and radiating pain, significant decreased strength, daily swelling.; NSAIDs, muscle relaxants, icing and compression, relative rest, etc.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient needs an mri of c spine and right shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	possible rotator cuff tear--pain with abduction90 degrees and crepitus. limited range of motion in right hip with flexion, pain with internal and external rotation of the hip; This study is being ordered for trauma or injury.; 5/04/2020; There has been treatment or conservative therapy.; hip pain and shoulder pain; nsaid, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 fell while skate boarding and is having right elbow pain. She had an abnormal Xray that recommends a MRI to follow up. Per Radiology There is subtle irregularity of the radial head on the lateral view that may be summation artifact or represents a radi; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 HAD AN X-RAY ON 10/19/2020 AND IS NEEDING ADDITIONAL TESTING TO DETERMIN CHRONIC PAIN IN LEFT SHOULDER; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAD SHOULDER SURGERY IN APRIL OF 2019. PT STARTING HAVING PAIN IN AUGUST OF 2020.; There has been treatment or conservative therapy.; PATIENT IN CLINIC TODAY FOR LEFT SHOULDER PAIN, RADIATES TO UPPER BACK, ACCORSS TO RIGHT SHOULDER.;PATIENT HAD SHOULDER SURGERY ON 04/2019.; PT DID AT HOME EXCERCISES AND WAS GIVEN NAPROXEN. NEITHER OF WHICH WORKED.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 IS HAVING CHRONIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic pain in bilateral shoulders and a hx of rotator cuff tear with residual pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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. &gt;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; 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.; will fax	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ; The patient received oral analgesics.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 4 weeks of home exercise including stretches, medication, and follow up visit with no improvement in symptoms.; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; No improvement 3 months; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Patient's pain is worsening, suspect rotator cuff tear. Need MRI to refer to orthopedic specialist and/pain management. Duration from 06/25/20 through 10/07/20.; The patient received oral analgesics.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not include exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; gabapentin, pregabalin, trazodone	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not include exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; Inbuprophen	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; methocarbamol	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 received joint injection(s).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not from a recent injury, old injury, chronic pain or a mass.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. &gt;FAX CLINICALS; 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 Leg CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	fracture of right talus; This study is being ordered for trauma or injury.; 9/17/2020; There has been treatment or conservative therapy.; knee pain, arthritis of the knee; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Injury of right hip, subsequent encounter - Primary;ASSESSMENT.Chronic condition in need of revised plan.;MANAGEMENT. See below for changes to current management plan.;PATIENT PROBLEM SPECIFIC GOALS. Stable management of chronic problem; This study is being ordered for trauma or injury.; 09/06/2020; There has been treatment or conservative therapy.; Chief complaint of R hip pain with walking. Pt reports being struck by a pickup truck 3 weeks ago, Xray in ER showed no bony abnormalities. Pt states pain is 10/10 at its worst and occurs during all weight bearing activities, describes pain as "bone gri; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Needs ct scan first, then ortho to see for injection of hip joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Pain is worse, left gluteal region and in joint region, no relief with steroids or the steroid shot into bursae., Walking , sitting, etc all painful; steroid shots; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2020; It is not known if there has been any treatment or conservative therapy.; pain, fatigue, discomfort; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	right knee: Normal in appearance, and overlying skin is normal. There is no apparent swelling or effusion. There is no tenderness to palpation. Patellar mobility is normal. There is no patellar crepitus. Range of motion is 0 Ext, 130 flex. The knee is st; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Patient has chronic bilateral foot pain with bunions of the left foot. This has been going on for 6 or more weeks. xray is normal	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/06/2020; There has been treatment or conservative therapy.; frequent falls, bilateral hip and knee pain, seen again on 9/17- still having frequent falls, bilateral hip and knee pain. Having 2 or more falls a week.; anti-inflammatory, pain medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2020; There has not been any treatment or conservative therapy.; Amina, Bruising, extend for ankle to the foot and worsening; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/27/2020; There has not been any treatment or conservative therapy.; effusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for trauma or injury.; 4/1/20; There has been treatment or conservative therapy.; pain; 7/1/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered for routine follow up.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area been done.; The results of the plain film x-ray were normal.; The patient had abnormal lab studies.; A white blood cell count has not been completed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/5/2020; There has not been any treatment or conservative therapy.; bilateral osteo arthritis, chronic knee pain, history minescus tear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/06/2020; There has been treatment or conservative therapy.; frequent falls, bilateral hip and knee pain, seen again on 9/17- still having frequent falls, bilateral hip and knee pain. Having 2 or more falls a week.; anti-inflammatory, pain medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation for further treatment; This study is being ordered for a neurological disorder.; 03/28/2018; There has been treatment or conservative therapy.; chronic pain in the lower back and both hips that has been worsening. Radiculopathy in both legs.; Medication, home exercise and reduction of heavy lifting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 11/19/2020; There has not been any treatment or conservative therapy.; pain and difficulty walking-possible avascular necrosis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	possible rotator cuff tear--pain with abduction90 degrees and crepitus. limited range of motion in right hip with flexion, pain with internal and external rotation of the hip; This study is being ordered for trauma or injury.; 5/04/2020; There has been treatment or conservative therapy.; hip pain and shoulder pain; nsaid, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having bilateral hip pain, back pain and weakness in lower extremities since fall; This study is being ordered for trauma or injury.; 10/01/20; There has been treatment or conservative therapy.; PT is having bilateral hip pain, back pain and weakness in legs since fall; analgesic, muscle relaxers, steroids, ice, heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PT IS HAVING CHRONIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	To assess for disc bulging or nerve damage from fall; This study is being ordered for trauma or injury.; 08/07/2020; There has been treatment or conservative therapy.; Low back and right hip pain, burning sensation in right hip; Prednisone, daily anti-inflammatories, time off of work, limited activity when returned to work, no lifting over 10 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	heard a pop of right side of chest; This study is being ordered for trauma or injury.; 11/21/2020; There has been treatment or conservative therapy.; pain while breathing, pain in chest and into abdomen; x rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	left flank pain, has a history of mild left kidney atrophy 2017. this is sharp twisting type pains that are sometimes severe, has stage 3 renal disease. 2007/2008 reported benign right adrenal adenoma (removed).; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	possible kidney , pt. has hx of kidney stones.; This study is being ordered 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, 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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/7/2020; There has been treatment or conservative therapy.; PT HAS FEVER, NO APPETITE, WEIGHT LOSS, FATIGUE, INSOMNIA; WE WAS GIVEN A COURSE OF ANTIBIOTICS WITH NO RELIEF.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	12/08/2020 HPI Having trouble breathing. Has O2 available 24/7. Still has 2 PPD for years. Is only using the nebulizer twice daily and will have her increase that to 4 times daily. She was on Trilogy inhaler in the past and did fairly well but not in; There has been treatment or conservative therapy.; 57-year-old female with a history of diabetes and COPD on oxygen at home at night presents to the ED after being called by the primary care doctor due to low H&H. Patient went to see her PCP for routine follow-up. She does admit that she has had some in; Pt was in hospital for 2 days; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/20/2020; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Fax; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	headaches; This study is being ordered for trauma or injury.; 2 years ago; There has been treatment or conservative therapy.; weight loss, fainted , and light headed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Lot iof weight loss.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	possible kidney , pt. has hx of kidney stones.; This study is being ordered 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); Caller insisted on skipping questions stated she will fax docs; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); WILL FAX CLIN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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); WILL FAX IN CLIN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); WILL FAX IN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); vomiting, lack of sleep; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.; boulding and right lower quadrant pain; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; has been having in her right upper quadrant that radiates to her navel. She states that comes and goes for couple of months. She has had approximately 6 episodes. She often notices a knot above her navel. She states that when the pain comes on it some; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; high cortisol level; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Patient complains of mild nausea that is constant with intermittent episodes of more severe nausea causing vomiting and near-vomiting episodes. He states this has been going on for quite a while.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; unknown; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	12 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	8 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 or suspected vascular disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There is NO suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Ultrasound was done on 10/28/20 and nothing was found.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/20; It is not known if there has been any treatment or conservative therapy.; Stabbing 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 10/01/2020; There has been treatment or conservative therapy.; abdominal pain constipation / possible blockage nausea and reflex 'decrease in apatite; medication PPI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	76380 Computed tomography, limited or localized follow-up study	Radiology Services Denied Not Medically Necessary	Emphysema; Limited or Follow up other than Sinus CT; CT CHEST LIMITED FU W CONT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Pt has history of Breast Cancer from March of 2009.This is to check every year; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	; This study is being ordered for Vascular Disease.; September 28, 2020; There has been treatment or conservative therapy.; Chest pain; Currently taking metoprolol, isosorbide, plavix, amlodipine, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	CHEST PAIN AND SHORTNESS OF BREATH; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 3 months; There has been treatment or conservative therapy.; abnormal EKG swelling biastolic dysfunction; patient is on lasix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown IProblem # 1: Chest pain, unspecified (ICD10-R07.9);Outpatient stress test to r/o ACS episode;HEART score is low, however advised patient to go to ER if episode recurs;;Orders;;Myocardial Stress (Adenosine) (; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	pain around her elbow and now radiating to her upper lateral arm, worsening over the last 2 days. chest pain on her left side, next to her breast and under her arm with diaphoresis and nausea. Daughter reports it lasted long enough it made her nervous and; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 C/O SOB WITH MINIMAL EXERTION, DIABETIC-UNCONTROLLED, HTN, NEUROPATHY DUE TO DIABETES AND HYPOTHYROID.;EDEMA IN HANDS AND FEET. ;BMI 37.8;WT 227 5FT 5 IN;BP 146/87 PT STATES ON SATURDAY IT WAS 186/119; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Shortness of Breath; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected cardiac septal defect.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is requested for known or suspected valve disorders.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; The reason for ordering this study is unknown.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is being ordered for Vascular Disease.; September 28, 2020; There has been treatment or conservative therapy.; Chest pain; Currently taking metoprolol, isosorbide, plavix, amlodipine, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Congenital Anomaly.; 11/19/2020; There has not been any treatment or conservative therapy.; right corroded bruit injection murmursyncope carotide arteriesfamily history of heart attacks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/20/2020; There has not been any treatment or conservative therapy.; Right side of body tingles and goes numb sometimes for 10 min to all day. Will go to sleep and wake up 2 days later and not remember any of it; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Vascular Disease.; 3 months; There has been treatment or conservative therapy.; abnormal EKG swelling biastolic dysfunction; patient is on lasix; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Patient has chronic click/murmur. I will order an echo to evaluate. She continues to have difficulty with breathing. Having to stop to breath repeatedly; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	pt has been having dizzy spells and hypertention for several months-getting worse-needs to have echo; This a request for an echocardiogram.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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) indicative of heart disease.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Pulmonary Hypertension.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	Radiology Services Denied Not Medically Necessary	NA; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	SCREENING FOR LUNG CA. Chronic obstructive lung disease, FORMER SMOKER APPROX 60 YRS. OFF AND ON.HAS HX OF BLADDER CANCER AND MULTIPLE MYELOMA;87 YR/OLD 5 FT. 7 IN. 166LBS. QUIT SMOKING 2015; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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 recent fracture on previous imaging studies.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has had a recent bone scan.; The bone scan was not normal.; The plain films were normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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 chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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 a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	chronic palpitations, sporadic, unchanged, occ gasping; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been walking with a walker since the fall due to some unsteadiness and sometimes dizzy on changing positions.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Geriatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		10/2/2019; There has been treatment or conservative therapy.; 11/3/2020 Mrs. Lasiter is here for follow up exam for history of stage I right breast cancer. She is currently on Tamoxifen and tolerated well. Today she does complain of some abnormal abdominal swelling and discomfort. She has a colonoscopy scheduled for; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Cervical cancer, recurrence or metastasis suspected; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	History of CA; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material	initial staging of uterine cancer; There has not been any treatment or conservative therapy.; initial staging of uterine cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/2/2019; There has been treatment or conservative therapy.; 11/3/2020 Mrs. Lasiter is here for follow up exam for history of stage I right breast cancer. She is currently on Tamoxifen and tolerated well. Today she does complain of some abnormal abdominal swelling and discomfort. She has a colonoscopy scheduled for; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Cervical cancer, recurrence or metastasis suspected; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	initial staging of uterine cancer; There has not been any treatment or conservative therapy.; initial staging of uterine cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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 Cervical Cancer; This request is for the initial diagnosis of Cervical Cancer or for initial staging/treatment strategy; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Neoplasm: cervix ;cervical cancer surveillance; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Wt loss, fatigue, early satiety; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Gynecologic Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Neoplasm: cervix ;cervical cancer surveillance; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Neoplasm: cervix ;cervical cancer surveillance; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		74 year old male with Hodgkin's lymphoma restaging evaluation of hodgkin's lymphoma with elevated CEA, history of smoking and anemia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		for re-staging evaluation of Hodgkin Lymphoma post 6 cycles of chemotherapy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		for restaging evaluation of follicular NHL; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	22 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspected 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	74 year old male with Hodgkin's lymphoma restaging evaluation of hodgkin's lymphoma with elevated CEA, history of smoking and anemia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Chemo; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	for re-staging evaluation of Hodgkin Lymphoma post 6 cycles of chemotherapy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	for restaging evaluation of follicular NHL; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Jerri Lynn is here today for symptoms of gallbladder dysfunction. Physical exam is normal except for diffuse mild tenderness to palpation of the bilateral upper quadrants and she has no abnormal lymphadenopathy and no palpable hepatosplenomegaly. Labs are; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	larynx cancer/ post xrt restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	20 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; 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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; 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	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	HEADACHE; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	abnormal enhancement CT Brain w hx lung ca; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	cancer related; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	colon 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	DX:NEUROENDOCRINE TUMOR; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occured more than 1 week ago.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	for evaluation of abnormal CT head with concern for brain metastasis with metastatic colon 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	for evaluation of RLL lung cancer with bone metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	full baseline staging evaluation of metastatic lung cancer to the liver and bone; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Lung cancer with mets to brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient continues on chemo and looking for treatment response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has biopsy proven metastatic endometrial carcinoma with innumerable metastatic deposits throughout the lungs. Needs Brain MRI to rule out mets prior to beginning treatment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient having increasing number of seizures since last MRI of 9-21-20. She has a primary diagnosis of lung cancer.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	PATIENT WITH KNOWN LUNG CANCER AND NEEDS RESTAGING OF DISEASE WITH MRI BRAIN TO ASSESS FOR BRAIN METS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	restaging scan, PROSTATE 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see clinicals; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SMALL CELL LUNG CANCER, RE-STAGING; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	staging; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 is experiencing dizziness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is experiencing vertigo	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	45 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax;		1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	0.3 cm nodule along the pleural surface in the lateral basal segment of the right lower;lobe and 0.4 cm nodular density adjacent to the right minor fissure. These are;indeterminate without remote imaging available for comparison but are likely benign. I; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	74 year old male with Hodgkin's lymphoma restaging evaluation of hodgkin's lymphoma with elevated CEA, history of smoking and anemia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	91 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A new breast mass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL CT SCAN. Several noncalcified nodules are seen in the left upper lobe and left lower lobe measuring up to;8.5 mm. This is consistent with a lung RADS category 4A. PET/CT is recommended 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Admitted by appetite loss, weight loss and drenching night sweats;Non-smoker, no palpable lymphadenopathy;Not resolved by PPI;We will obtain CT chest with contrast in 2 weeks to rule out underlying malignancy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Chemo; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT Chest for restaging musculoskeletal fibromatosis; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	ENLARGED LYMPH NODES AND CALCIFIED GRANULOMAS SEEN ON CT CHEST DONE 10/15/20.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Ewing's sarcoma; follow up on chest wall lesion. LAST MRI WAS IN JUNE, LAST CT WAS IN JANUARY; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	FEVER, HISTORY OF 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW UP ON CHEST CT FROM 01/25/2020, MULTIPLE NODULES; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for re-staging evaluation of Hodgkin Lymphoma post 6 cycles of chemotherapy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for restaging evaluation of follicular NHL; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Hx of primary rectal cancer c19, known metastatic lesion in lung, new lung mass o91.8; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	hx pulmonary nodule. CURRENT SMOKER 1 PACK PER DAY; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Initial staging images for patient newly diagnosed with anal 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	IRON DEFICIENCY ANEMIA, HX BREAST CA; There has been treatment or conservative therapy.; Patient presents to clinic today for an exam, lab, and follow up. She was last seen here in January 2018. Due to a recent ER visit and low lab levels her PCP recommended she re-establish care here. She is followed for her history of iron deficiency anemia; HX CHEMO; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Jerri Lynn is here today for symptoms of gallbladder dysfunction. Physical exam is normal except for diffuse mild tenderness to palpation of the bilateral upper quadrants and she has no abnormal lymphadenopathy and no palpable hepatosplenomegaly. Labs are; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	larynx cancer/ post xrt restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Last CT-Chest was on 8-17-20 showing improving spiculated mass in the superior segment of the right lower lobe measuring 3.0x3.1.22 cm. Patient has been on prednisone x 4 weeks. Scan is for treatment response.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	LEFT LOWER LOBE PULMONARY NODULE FOUND ON PREVIOUS CT SCAN ON 10/02/2020; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	mediastinal and cervical lymph nodes enlarged *compare scan @NWMC 10/04; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	New lesion noticed in last 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient continues on chemo and looking for treatment response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Per 11/27/20 abdomen/pelvis CT, patient with a 6mm nodule in the right middle lobe not present on 7/23/18 chest CT. Further evaluation with chest CT recommended by radiologist.; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	quit 2 years ago; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Reason:lung mass.Pulmonary and DVT of the right lower extremity.; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Restaging lymphoma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	She had an initial screen in 11/2019. This revealed a 5.7 cm pulmonary nodule in LLL as well as a 5.7 mm in RUL of lung.; Also incidentally revealed right breast lesion. She was also noted to have lingular 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	SOLITARY PULMONARY NODULE, SEEN ON CT LUNG SCREENING, 10 MM IRREGULAR RIGHT UPPER LOBE NODULE, LUNG RADS CATEGORY 4A.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	56 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	128 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	42 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	To rule out Thymoma and if negative will consider low dose MTX.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	cough, right side chest pain HX:Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX CLINICALS; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy);	There are 2 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy);	There are 3 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for staging.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known diagnosis of Cancer, Metastatic disease, Malignancy	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Staging or Restaging of Cancer, Metastatic disease, Malignancy	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.; This case was created via RadMD.; Agreed; Continued; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	elevated psa; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Prostate Cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PT WITH NEWLY DIAGNOSED RECTAL CANCER AND STARTED ORAL CHEMO AND PREOPERATIVE RADIATION WILL BE COMPLETED. MRI PELVIS NEEDED TO ASSESS RECTAL MASS FOR FUTURE SURGERY AND INITIAL STAGING OF THE CANCER; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	There are 2 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	There are 3 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73700 Computed tomography, lower 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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed,	There are 2 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	74 year old male with Hodgkin's lymphoma restaging evaluation of hodgkin's lymphoma with elevated CEA, history of smoking and anemia; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Chemo; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for re-staging evaluation of Hodgkin Lymphoma post 6 cycles of chemotherapy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for restaging evaluation of follicular NHL; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	IRON DEFICIENCY ANEMIA, HX BREAST CA; There has been treatment or conservative therapy.; Patient presents to clinic today for an exam, lab, and follow up. She was last seen here in January 2018. Due to a recent ER visit and low lab levels her PCP recommended she re-establish care here. She is followed for her history of iron deficiency anemia; HX CHEMO; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Jerri Lynn is here today for symptoms of gallbladder dysfunction. Physical exam is normal except for diffuse mild tenderness to palpation of the bilateral upper quadrants and she has no abnormal lymphadenopathy and no palpable hepatosplenomegaly. Labs are; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Patient continues on chemo and looking for treatment response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Restaging lymphoma; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	55 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	127 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	21 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	57 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; CT of chest,abdomen, and pelvis done ; no evidence of recurrent disease.;-However concern for rising Alkaline Phosphatase from 185-202 ( iso enzyme showed a liver origin )	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.";	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; 1 cm enhancing focus segment 4 of liver and Pancreatic neuroendocrine carcinoma.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; Repeat MRI with some enlarged periportal lymph nodes, biopsy consistent with metastatic HCC. Starting treatment with atezolizumab/bevacizumab	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; for further evaluation of liver mass SEEN ON ABDOMINAL ULTRASOUND 10/9/20	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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."; Both masses do not have the typical appearance of a renal cell carcinoma but need to be investigated further.; These could possibly be cyst. I recommend further workup with an MRI of the abdomen to rule out solid lesions.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 renal cyst.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow	; This is a request for an MRI Bone Marrow.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow	to access monoclonal gammopathy; This is a request for an MRI Bone Marrow.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78071 Parathyroid planar imaging (including subtraction, when performed); with	This is a request for Parathyroid SPECT imaging.; HYPERPARATHYROIDISM	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; Dyspnea on exertion ;history	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; PATIENT CURRENTLY UNDERGOING CARDIOTOXIC CHEMOTHERAPY AND NEEDS MUGA TO ASSESS CARDIAC EJECTION FRACTION	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient has not had a previous MUGA scan.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has not had a previous MUGA scan.; Heart failure, follow up ;Pre AlloSCT LVEF evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The last MUGA scan was performed within the last 3 months.; Ms. Ladd is a 53 y/o female with metastatic breast cancer who is here for followup exam and possible therapy with THP. She was diagnosed with breast cancer in 7/2020 and found to have metastatic disease. She is Stage IV breast cancer. She has started tre	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.; chemotherapy; stem cell transplant clearance	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; UNKNOWN	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	for evaluation of RLL lung cancer with bone metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	full baseline staging evaluation of metastatic lung cancer to the liver and bone; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	INITIAL STAGING/EVAL OF LUNG MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
					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)		
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		1 2020	Oct-Dec 2020
					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)		
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		1 2020	Oct-Dec 2020
					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)		
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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; 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 for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Abnormal finding on Chest CT, had CT AP and found abnormal findings; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	LUNG ADENOCARCINOMA RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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 sentinal biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 sentinal biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Restaging during ongoing therapy or treatment; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	breast cancer- baseline for treatment; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	CARDIOTOXIC TREATMENT; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	There are 2 exams are being ordered.; One of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient has shortness of breath; Known or suspected pulmonary hypertension	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	5 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATO		none; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATO GRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	restaging scans; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging lymphoma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING/EVAL OF LUNG MASS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	LUNG ADENOCARCINOMA RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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 condition is not associated with headache, blurred or 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual	Radiology Services Denied Not Medically Necessary	Additional Clinical Information Yes, this is a Functional MRI Brain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	8/2/2019; There has been treatment or conservative therapy.; unknown; eloquis; 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 Vascular Disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/01/2020; There has not been any treatment or conservative therapy.; patient is having fatigue, loose stool, back and shoulder pain. lower back fill swollen and week abdomen left flak pain; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on Chest CT, had CT AP and found abnormal findings; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	John E Miller is a 57 y.o. male contacted by phone for follow up of elevated PSA. Positive family hx of prostate cancer- father. Most recent PSA 10/01/2020 was elevated at 6.99 with ft ratio 9%. Reports occasional blood in the stool- recently had colonosc; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	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. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	8/2/2019; There has been treatment or conservative therapy.; unknown; eloquis; 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 Vascular Disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/01/2020; There has not been any treatment or conservative therapy.; patient is having fatigue, loose stool, back and shoulder pain. lower back fill swollen and week abdomen left flak pain; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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 for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Restaging lymphoma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Initial Staging; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above or don't know; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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)	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Surveillance following the completion of therapy or treatment without new signs or symptoms; It is unknown how many 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hospital	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hospital	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hospital	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Hospital	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Past medical condition of coronary artery disease; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Industrial Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; 10/27/2020; There has been treatment or conservative therapy.; Migraines. Epidural abscess within the frontal midline measuring approximately 3.5 x 7.5 x 1.6 cm (TV x AP x CC) displacing the anterior falx.; medication given for the infection. Hospitalization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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 has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; 10/27/2020; There has been treatment or conservative therapy.; Migraines. Epidural abscess within the frontal midline measuring approximately 3.5 x 7.5 x 1.6 cm (TV x AP x CC) displacing the anterior falx.; medication given for the infection. Hospitalization; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	05/22/2020; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	09/07/2020; There has been treatment or conservative therapy.; large pulmonary nodule, chest pain, and positive serology for Histoplasma. His Histoplasmosis yeast antibody titer is 1:8, which is just above the threshold of positivity. Low positivity could possibly be from cross-reactivity, but unlikely. It would most; Pt has been taking itraconazole 3 mg/kg/dose PO BID; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Thomas SCOTT Capps is a 52 y.o. male who presents to ID clinic for MSSA bacteremia and multiple abscesses with pelvic osteomyelitis. He has improved dramatically. He has completed 6wk of Ancef and has been transitioned to Keflex. CT shows resolution o; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	02/03/2020; There has been treatment or conservative therapy.; clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2020; There has not been any treatment or conservative therapy.; Chest pain, SOB, Malaise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Follow up Pulmonary Blastomycosis; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; 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 Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	02/03/2020; There has been treatment or conservative therapy.; clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05/22/2020; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	09/07/2020; There has been treatment or conservative therapy.; large pulmonary nodule, chest pain, and positive serology for Histoplasma. His Histoplasmosis yeast antibody titer is 1:8, which is just above the threshold of positivity. Low positivity could possibly be from cross-reactivity, but unlikely. It would most; Pt has been taking itraconazole 3 mg/kg/dose PO BID; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Infectious Diseases	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	Clinicals faxed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2020; There has not been any treatment or conservative therapy.; Chest pain, SOB, Malaise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 history of cancer.; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; There is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above.; This procedure is being requested for Vertigo; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of stroke, (CVA) known or follow-up.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Hydrocephalus or congenital abnormality.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	suspicious of infection; This study is being ordered for Inflammatory/ Infectious Disease.; 11/30/2020; There has been treatment or conservative therapy.; swelling, blurred vision, tender facial bones; otc medication and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient is having memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NO documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 seizures; There has not been a previous Brain MRI completed.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	05/01/2013; There has not been any treatment or conservative therapy.; patient is having swelling, cough, fatigue.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	9 months since first CT scan to evaluate 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	09/07/20; There has not been any treatment or conservative therapy.; MSSA bacteremia, wide spread abscesses and concern for osteomyelitis interval follow up; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX INFO; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow up CT of chest recommended to evaluate 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	follow up of small 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	hX OF SCC RLL, Oncology Hx: coming up on 5 years post malignancy. This is an annual follow up for SCC RLL.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Known lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Left sided chest pain with a "mass" along left lower 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 is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	long term use immunosuppressant, liver transplant; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung Nodule, mod-high risk; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	lung nodules/lymphadenopathy f/u. will upload 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient had abnormal lymph node in the right perihilar region on CT chest in January 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	severe chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	STAGING; There has been treatment or conservative therapy.; Left groin hurts since early October; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient unable to work or do physical therapy due to severe pain and DDD.; 06/15/2020; There has been treatment or conservative therapy.; Severe neck pain, radicular symptoms, swelling, stiffness, DDD; NSAID therapy, steroid injections, oral steroids; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pt. has hx of fx of cervical spine in 2019. Zola describes severe pain to the left side of her neck and head since her recent fall. We are going to get an MRI of her cervical spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Back Pain;Location: Lumbar spine (left);Quality: Aching;Radiates to: Does not radiate;Duration: Since fall approximately 2 years ago.;Timing: Intermittent (with ambulation);Chronicity: Chronic (chronic since a fall in her bathroom at least 2 ye; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; "The caller indicated that there is not x-ray or laboratory evidence of: Osteomyelitis, Meningitis, Septic Arthritis or discitis, or a paraspinal abscess."; The study is being ordered due to known or suspected infection or abscess.; He has been having increased back pain for the past year. Previous lumbar surgery by Dr. Schlesinger. Pain initially in low back but now pain is above his back surgical incision and radiates up the right side of his spine to the right scapular area. Pai	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; per xray on 09/30/2020 shows multilevel degenerative changes in the thoracic spine; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Back Pain;Location: Lumbar spine (left);Quality: Aching;Radiates to: Does not radiate;Duration: Since fall approximately 2 years ago.;Timing: Intermittent (with ambulation);Chronicity: Chronic (chronic since a fall in her bathroom at least 2 ye; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient unable to work or do physical therapy due to severe pain and DDD.; 06/15/2020; There has been treatment or conservative therapy.; Severe neck pain, radicular symptoms, swelling, stiffness, DDD; NSAID therapy, steroid injections, oral steroids; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Severe low back pain;Severe pain to sacrum;Bilateral leg weakness;Lung cancer;Shortness of breath; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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.; The patient has an Abnormal nerve study involving the lumbar spine	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal 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 as a Pre-operative evaluation	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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 6 weeks of completed conservative care in the past 6 months	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity over reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	endometrium separation/MRI suggested by radiology. will upload clinical information.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Liver mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Severe low back pain;Severe pain to sacrum;Bilateral leg weakness;Lung cancer;Shortness of breath; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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 a preoperative or recent postoperative evaluation.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Shoulder pain is been an issue over the past 4 to 6 weeks. The pain is described as sharp to dull located over the superior and anterior portion of the shoulder. There is been no trauma, fever, chills, or erythema of the joint. There is been no loss of	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	chronic pain due to OA and neuropathy, neuropathy pain has gotten worse over time. chronic pain, meds working well, no new problems or concerns. Always a little tired. Some worsening left knee pain.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Osteoarthritis This was diagnosed several years ago and manifest mainly as bilateral hip, knee, and shoulder pain. The pain is worse in the morning and after periods of immobility, NSAIDs help with the pain and no obvio; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Mild patellofemoral osteoarthritis. Osteoarthritis This was diagnosed several years ago and manifest mainly as bilateral hip, knee, and shoulder pain. The pain is worse in the morning and after periods of immobility, NSAIDs help with the pain and no obvi; It is not known if there has been any treatment or conservative therapy.; The pain is worse in the morning and after periods of immobility, NSAIDs help with the pain and no obvious side effects are noted currently with medication usage. Prior radiographs reveal osteoarthritic changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; '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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	long term use immunosuppressant, liver transplant; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	Unknown; This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/07/20; There has not been any treatment or conservative therapy.; MSSA bacteremia, wide spread abscesses and concern for osteomyelitis interval follow up; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/15/2020; There has not been any treatment or conservative therapy.; Fatigue, critical labs, low sodium, low iron, low albumin; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	r/o malignancy in the lung; or other areas.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abnormal weight loss of over 13% in a short period of time. Pt experiencing muscle bulk loss, losing exercise tolerance.; There has been treatment or conservative therapy.; weight loss over 13% in short period; losing muscle bulk and stamina.; pt has chosen a healthy diet and exercise, but continues to lose weight, including muscle bulk. He is also losing stamina.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGING; There has been treatment or conservative therapy.; Left groin hurts since early October; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; Vascular disease; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; FOLLOW UP ON CYST ON OVARY; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has been having abdominal pain for the last 2 weeks with some dysphagia to pills and rice. had GERD and small sliding hiatal hernia on 2014 EGD. Feels a knot on the upper left of her abdomen; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	Liver mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 had an Abdomen MRI in the last 10 months.; The patient is presenting new signs or symptoms.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Indeterminate hepatic and bilateral renal hypodense lesions. These may be further evaluated with MRI as clinically indicated.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	74185 Magnetic resonance angiography, abdomen, with or	This is a request for a MR Angiogram of the abdomen.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He is having some chest pains.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	pt. has hx of fx of cervical spine in 2019. Zola describes severe pain to the left side of her neck and head since her recent fall. We are going to get an MRI of her cervical spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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.; testing for stem cell transplant	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	pt has facial numbness and is needing echo bubble study done for treatment. Pt had CT head wo done showing sequela of moderate small vessel ischemic disease in deep white matter is unchanged.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Recent MRI brain shows acute/subacute CVA. patient is groggy and slow in thoughts.;also obtaining carotid ultrasound due to the MRI brain findings; This a request for an echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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.; The murmur is grade III (3) or greater.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	6 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Cigarette nicotine dependence in remission. Obstructive chronic bronchitis without exacerbation; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	previous study recommended 3 months f/u; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATO	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals to be uploaded.; This study is being ordered for a neurological disorder.; Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 10/31/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	suspicious of infection; This study is being ordered for Inflammatory/ Infectious Disease.; 11/30/2020; There has been treatment or conservative therapy.; swelling, blurred vision, tender facial bones; otc medication and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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 trauma or injury.; 10/31/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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 immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Weakness and confusion, memory loss, decreased appetite, multiple episodes of confusion, ongoing confusion, memory impairment, personality changes, agitation, impaired judgement, wandering episodes; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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.; unknown; There has been treatment or conservative therapy.; UTI, weakness, pt. has diabetes, pt. had a fall, memory loss.; Pt. had 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; New onset within the past month describes the headache's character.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 10/15/2020; There has not been any treatment or conservative therapy.; New daily headache, neck pain, TIC, vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	With the bilateral bruits and dizziness, recurrent falls, will get CDS and MRI brain to evaluation for obstruction, watershed cva, etc; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2020; There has been treatment or conservative therapy.; cramping pain, diarrhea; 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 Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	09/15/2020; There has been treatment or conservative therapy.; fever, doesn't feel well, elevated BG, fatigue, erythema; Doxycycline Hyclate 100 mg tab rx, labs; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/15/2020; There has not been any treatment or conservative therapy.; Fatigue, critical labs, low sodium, low iron, low albumin; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest XR shows mild interstitial in right lung, chest pains (a typical), chest pain @ rest, no dyspnea, abdominal pain, PE normal; There is no radiologic evidence of asbestosis; There is a known inflammatory disease.; There is not a known tumor.; "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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Cxr shows a spot vs pneumonia. Any sxs of pneumonia/lung infection?;- if yes, will treat and repeat cxr in 10-14 days;- if no, will proceed to chest ct scan first; "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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	r/o malignancy in the lung; or other areas.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; abnormal weight loss of over 13% in a short period of time. Pt experiencing muscle bulk loss, losing exercise tolerance.; There has been treatment or conservative therapy.; weight loss over 13% in short period; losing muscle bulk and stamina.; pt has chosen a healthy diet and exercise, but continues to lose weight, including muscle bulk. He is also losing stamina.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	r/o suspicious mass; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a renal mass that was identified incidentally on CT scan. Six months ago, he had an ultrasound of the kidney performed which showed relatively little change in size. Low-dose CT scan performed last year showed no new lung nodules.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient has scarring of lung; "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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for Inflammatory/ Infectious Disease.; SEE CLCL; There has been treatment or conservative therapy.; FLANK PAIN PLEURAL EFFUSION AND TSPINE PAIN; SEE CLCL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	She has chest and arm pain since May after working in her yard. Her recent imaging was normal. She was recently diagnosed with costochondritis and was treated with steroids. She has also seen orthopedic, they are going to perform arthroscopy on her right; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals to be uploaded.; This study is being ordered for a neurological disorder.; Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; Document exam findings; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals to be uploaded.; There has been treatment or conservative therapy.; Clinicals to be uploaded.; Clinicals to be uploaded.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 It 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain- she c/o chronic neck pain since MVA in 2009. She says the pain is worse since going to two different chiropractors. There's no radiation of pain. She's also having muscle spasms Mid back pain- has been going to chiropractor w/ no relief- she sa; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Enter Additional Clinical Information&gt;FAX CLINICALS	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has a new onset or changing radiculitis / radiculopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 10/15/2020; There has not been any treatment or conservative therapy.; New daily headache, neck pain, TIC, vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain- she c/o chronic neck pain since MVA in 2009. She says the pain is worse since going to two different chiropractors. There's no radiation of pain. She's also having muscle spasms Mid back pain- has been going to chiropractor w/ no relief- she sa; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".; There is laboratory or x-ray evidence of a paraspinal abscess.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT had back pain for over 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for Inflammatory/ Infectious Disease.; SEE CLCL; There has been treatment or conservative therapy.; FLANK PAIN PLEURAL EFFUSION AND TSPINE PAIN; SEE CLCL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 It 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	no clinical; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Spoke with patient having low back pain midline history of low back pain with sciatica but this time not sciatica aggravated about 3 or 4 weeks ago was getting better evaluate back he did you mention it at the video visit we had. He is seen a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt c/o R wrist pain. Chronic. Recent injury kayaking. No trauma. Worse w/ supination or any torsion. No swelling. Tender. No erythema. Prev XR neg.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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. &gt;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Diabetic; This study is being ordered for trauma or injury.; 07/24/2020; There has been treatment or conservative therapy.; - Pain all over on the left ankle-Failed physical therapy; Physical Therapy, no resolution; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 another reason besides Kidney/Ureteral stone, ;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05/01/2013; There has not been any treatment or conservative therapy.; patient is having swelling, cough, fitgue.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	07/29/2020; There has been treatment or conservative therapy.; cramping pain, diarrhea; 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 Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	09/15/2020; There has been treatment or conservative therapy.; fever, doesn't feel well, elevated BG, fatigue, erythema; Doxycycline Hyclate 100 mg tab rx, labs; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	TREATMENT PLANNING; This study is being ordered for Inflammatory/ Infectious Disease.; SEE CLCL; There has been treatment or conservative therapy.; FLANK PAIN PLEURAL EFFUSION AND TSPINE PAIN; SEE CLCL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing,	Radiology Services Denied Not Medically Necessary	This is a request for Heart CT Congenital Studies.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 rest or stress	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	. Details: The patient started feeling shortness of breath after taking a flu shot on last Monday. She started having chills on Monday night along with headaches. She felt better the next day, but has been having horrible headaches for a week. She also re; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Diabetes Mellitus;Patient presents for evaluation of for follow up on diabetes. Onset of symptoms was several years ago. She describes symptoms as dyspnea on exertion. Course to date has been gradually worsening. Patient denies chest pain;diarrhea. Hom; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	ESR RATE IS 35 -HIGH. SED RATE. PT HX OF MASS ON NECK ;PT AFEBRILE. PT ALSO HAS HX OF SYSTOLIC MUR MUR; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	none; 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.; 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 a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	none; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; UTI, weakness, pt. has diabetes, pt. had a fall, memory loss.; Pt. had 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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 another reason; The reason for ordering this study is unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Internal 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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; This is NOT a Medicare member.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including		This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	none; This study is being ordered for Vascular Disease.; 06/22/2020; There has not been any treatment or conservative therapy.; hypertension, acute renal failure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	none; This study is being ordered for Vascular Disease.; 06/22/2020; There has not been any treatment or conservative therapy.; hypertension, acute renal failure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	UNEXPLAINED DVT; This study is being ordered for Vascular Disease.; 10/02/2020; There has been treatment or conservative therapy.; LEG SWELLING, PAIN WHEN BENDING LEG AND WALKING; ANTI-COAGULANTS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Interventional Radiologists	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	UNEXPLAINED DVT; This study is being ordered for Vascular Disease.; 10/02/2020; There has been treatment or conservative therapy.; LEG SWELLING, PAIN WHEN BENDING LEG AND WALKING; ANTI-COAGULANTS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Medical Genetics	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 as a post operative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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 an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; 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.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; 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; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Approval	74185 Magnetic resonance angiography, abdomen, with or	This is a request for a MR Angiogram of the abdomen.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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 evaluation related to chemotherapy (initial evaluation or follow-up).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.; There are new symptoms suggesting worsening of heart valve disease	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Jacob Christiano Taylor is a 32 y.o. male with PMH of polycystic kidney disease, Hep C, HTN, H/o. polysubstance abuse/alcohol use, AKIs in the past from rhabdomyolysis, cellulitis/sepsis with most recent discharge Cr was 2.4 (02/2020) referred to establish; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	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); CALCIFICATION OF KIDNEY; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nephrology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 Hydrocephalus or congenital abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Aneurysm of anterior cerebral artery .; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Assessment: HX of chiropractic neck manipulation, and 2 prior automotive collisions, who was found to have a loss of flow void in the R VA from ~C3/4-6/7, concerning for occlusion, as well as subtle changes in her dominant L VA flow void caliber at C4/5 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is 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 been treatment or conservative therapy.; urinary incontinence, slurring; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Edema, carotid doppler showed 70% stenosis in left carotid, 50% in rt. carotid.; Pt. is using statin, cardiac stent 11/2019, most recent carotid doppler showed 70% stenosis in left carotid, 50% in rt. carotid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Post motor vehicle accident; This study is being ordered for trauma or injury.; 11/10/2020; There has been treatment or conservative therapy.; Cervical Fractures; Physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	presented to UAMS in a confused and presumed post-ictal state on 9/13/2020, during which he was unable to move his right hemibody or speak, and subsequently left AMA after he had recovered and was later found on subsequent workup to have a possible R infe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	To evaluate for any vascular causes of syncope and collapse including arterial stenosis; This study is being ordered for a neurological disorder.; 8/3/20; There has been treatment or conservative therapy.; Syncope; vision changes; nausea; vomiting; headache; light-headedness; memory loss; Activity modification; nortriptyline; neurology consult; LP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the brain.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Aneurysm of anterior cerebral artery .; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Assessment: HX of chiropractic neck manipulation, and 2 prior automotive collisions, who was found to have a loss of flow void in the R VA from ~C3/4-6/7, concerning for occlusion, as well as subtle changes in her dominant L VA flow void caliber at C4/5 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is 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 been treatment or conservative therapy.; urinary incontinence, slurring; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	none; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Edema, carotid doppler showed 70% stenosis in left carotid, 50% in rt. carotid.; Pt. is using statin, cardiac stent 11/2019, most recent carotid doppler showed 70% stenosis in left carotid, 50% in rt. carotid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Post motor vehicle accident; This study is being ordered for trauma or injury.; 11/10/2020; There has been treatment or conservative therapy.; Cervical Fractures; Physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	presented to UAMS in a confused and presumed post-ictal state on 9/13/2020, during which he was unable to move his right hemibody or speak, and subsequently left AMA after he had recovered and was later found on subsequent workup to have a possible R infe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	To evaluate for any vascular causes of syncope and collapse including arterial stenosis; This study is being ordered for a neurological disorder.; 8/3/20; There has been treatment or conservative therapy.; Syncope; vision changes; nausea; vomiting; headache; light-headedness; memory loss; Activity modification; nortriptyline; neurology consult; LP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient c/o headache. The course/duration of symptoms is constant. The character of symptoms is tightness. The degree at onset was moderate. The degree at maximum was moderate. The degree at present is none.. 31-year-old here with complaint of dizzi; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient c/o migraine once a week and she does have light sensitivity and issues with vision blurriness.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	with progressively worsening daily headaches with associated blurry vision. Her recent eye exam showed papilledema. She reports taking Diamox in the past with good result, but unfortunately had to discontinue use due to insurance changes. She presents tod; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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.; 2/2019; There has been treatment or conservative therapy.; Weakness, history of headaches, visual issues, swallowing issues, balance issues; suboccipital pressure and swelling is not positional. So much pain she cannot open her eyes at times. Nausea. Also notes myofascial pain in traps and neck; Swelling in legs; Medication, NSAIDS, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	02/01/2020; There has been treatment or conservative therapy.; The patient complains of headache that is not entirely consistent with Chiari-type headaches. She also complains of nausea and vomiting, generalized weakness, numbness/tingling in the extremities, and occasional double vision.; Steroids, lumbar puncture, CSF studies; medical marijuana, Cyclobenzaprine.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	high grade cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	in addition to C6/C7 DDD with spur there is a large cervical syrinx from C2 - C5 as well a Chiari I malformation at least 8 mm with crowding of the foramen magnum. There also appears to be a partially empty sella. Patient reports since fall she has interm; This study is being ordered for trauma or injury.; 8/1/20; There has been treatment or conservative therapy.; dissociated sensory loss, gait issues, balance issues, headaches etc exacerbated by Valsalva.; oral & intra-muscular 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is having persistent and progressing ataxia.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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; This study is being ordered for Pre Operative or Post Operative Evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NO documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor outside the brain best describes the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describe the patient's tumor.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 'None of the above' describes the congenital anomaly of the skull.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been completed to determine tumor tissue type.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; 03/05/2018; There has been treatment or conservative therapy.; daily headaches with migraine features; VP shunt, s/p Chiari decompression; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	uploaded clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	1 month follow-up on fractures; This study is being ordered for trauma or injury.; 09/17/2020; There has been treatment or conservative therapy.; Neck and upper back pain; Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given . ;BECAUSE OF THE C6 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/17/2020; There has been treatment or conservative therapy.; pain, numbness and tingling; medication, P.T; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	I suggested that he can start taking the collar off if he is walking around at home and watching TV or eating, but when he is in a car or doing any activity that may risk some sudden jerks of his neck to keep the collar on, and I plan to get a follow up s; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	ABNORMALITY T2-STIR HYPERINTENSIVE LESION ALONG THE VENTRAL CORD MEASURING UP TO 7mm & CENTERED @ C2 INFERIOR ENDPLATE. LIKELY NASOPHARYNGEAL CYST MEASURING UP TO 1.9cm. REQUESTED F/UP WITH CONTRAST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MRI C SPINE SHOWS FOCUS OF ABNORMALITY T2-STIR HYPERINTENSIVE LESION ALONG THE VENTRAL CORD MEASURING UP TO 7mm & CENTERED @ C2 INFERIOR ENDPLATE. LIKELY NASOPHARYNGEAL CYST MEASURING UP TO 1.9cm. REQUESTED F/UP WITH CONTRAST; There has been treatment or conservative therapy.; PAIN, LOSS OF REFLEXES & C5-6 DERMATOME, SEVERE STENOSIS; MEDICATION, ICE, HEAT, REST, LIFESTYLE 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,	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Post motor vehicle accident; This study is being ordered for trauma or injury.; 11/10/2020; There has been treatment or conservative therapy.; Cervical Fractures; Physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 Asymmetric reflexes.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Multiple Sclerosis (MS) on a brain scan.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT will fax; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT will fax; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; pain ; unable to ambulate ; Result Date: 2/24/2020; Successful T11 vertebral body bone core biopsy and bone marrow aspiration. A 0.6 cm bone core biopsy specimen and approximately 8 mL of bone marrow aspirate were obtained; placed in appropriate separate ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	1 month follow-up on fractures; This study is being ordered for trauma or injury.; 09/17/2020; There has been treatment or conservative therapy.; Neck and upper back pain; Brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9/17/2020; There has been treatment or conservative therapy.; pain, numbness and tingling; medication, P.T; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	faxing records; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a 30-year-old female that has progression of her scoliosis. Currently the patient is complaining of significant back pain that is progressively became worse over the past few months. She has tried physical therapy and epidural steroid injections; This study is being ordered for Congenital Anomaly.; 2009 - diagnosed with adolescent scoliosis; There has been treatment or conservative therapy.; mid and lower back pain; Physical therapy - made symptoms much worse;steroid injections - about 60% improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; pain ; unable to ambulate ;Result Date: 2/24/2020;Successful T11 vertebral body bone core biopsy and bone marrow aspiration. A 0.6 cm bone core biopsy specimen and approximately 8 mL of bone marrow aspirate were obtained; placed in appropriate separate ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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 extremities weakness, reflexes are two plus.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; DoMs. Kerns is a very pleasant 49-year-old female, who has a long history of issues related to her lumbar spine. She underwent an L4-L5 posterior interbody and posterolateral instrumented fusion by Dr. Arthur Johnson in 2015. Her left lower extremity pa; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 weakness.; faxing records; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness.; Left Plantar Flexion: Strength: 4; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 10 years ago; There has been treatment or conservative therapy.; pain that radiates into both of her legs to her toes with numbness/tingling and weakness; Pain medication and epidural steroid injections; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 10/20/2017; There has not been any treatment or conservative therapy.; falls, numbness/tingling in hands and feet. Fine motor difficulty; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 2/2019; There has been treatment or conservative therapy.; Weakness, history of headaches, visual issues, swallowing issues, balance issues; suboccipital pressure and swelling is not positional. So much pain she cannot open her eyes at times. Nausea. Also notes myofascial pain in traps and neck; Swelling in legs; Medication, NSAIDS, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	02/01/2020; There has been treatment or conservative therapy.; The patient complains of headache that is not entirely consistent with Chiari-type headaches. She also complains of nausea and vomiting, generalized weakness, numbness/tingling in the extremities, and occasional double vision.; Steroids, lumbar puncture, CSF studies; medical marijuana, Cyclobenzaprine.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Clinicals faxed; 1992; There has not been any treatment or conservative therapy.; Clinicals faxed; This study is being ordered for Severe Scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Clinicals faxed; Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	high grade cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	ABNORMALITY T2-STIR HYPERINTENSIVE LESION ALONG THE VENTRAL CORD MEASURING UP TO 7mm & CENTERED @ C2 INFERIOR ENDPLATE. LIKELY NASOPHARYNGEAL CYST MEASURING UP TO 1.9cm.REQUESTED F/UP WITH CONTRAST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MRI C SPINE SHOWS FOCUS OF ABNORMALITY T2-STIR HYPERINTENSIVE LESION ALONG THE VENTRAL CORD MEASURING UP TO 7mm & CENTERED @ C2 INFERIOR ENDPLATE. LIKELY NASOPHARYNGEAL CYST MEASURING UP TO 1.9cm.REQUESTED F/UP WITH CONTRAST; There has been treatment or conservative therapy.; PAIN, LOSS OF REFLEXES & CS-6 DERMATOME, SEVERE STENOSIS; MEDICATION, ICE, HEAT, REST, LIFESTYLE 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,	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Neck and back pain, find out if she is a surgical candidate.; Unknown of exact date, patient is status post lumbar spine fusion in 1996, she has severe neck and low back pain and feels like her spine is unstable.; There has been treatment or conservative therapy.; Neck and low back pain leg pain, arm pain.; medical cannabis, medicine therapy, PT in the past; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Post motor vehicle accident; This study is being ordered for trauma or injury.; 11/10/2020; There has been treatment or conservative therapy.; Cervical Fractures; Physical therapy, and pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Symptoms are worsening while attending physical therapy.; 10/2020; There has been treatment or conservative therapy.; Neck pain, numbness and tingling down left arm, balance issues; Physical therapy and gabapentin; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; This study is being ordered for Pre Operative or Post Operative Evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There are no surgical findings to address in his lumbar spine. His exam is concerning. It is uncertain whether his findings are related to previous strokes or coming from his spinal cord.; Unknown; There has been treatment or conservative therapy.; Numbness and tingling in hands/ ataxic gait on heel to toe; Mobic, tizanidine, cymbalta; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The documented finding is new or worsening; Acute gait abnormality is documented; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Acute gait abnormality is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of paresthesia evaluated by a neurologist	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Physical exam findings consistent with myelopathy	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been treated with a facet joint or epidural injection within the past 6 weeks	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 03/05/2018; There has been treatment or conservative therapy.; daily headaches with migraine features; VP shunt, s/p Chiari decompression; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	uploaded clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 10 years ago; There has been treatment or conservative therapy.; pain that radiates into both of her legs to her toes with numbness/tingling and weakness; Pain medication and epidural steroid injections; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 10/20/2017; There has not been any treatment or conservative therapy.; falls, numbness/tingling in hands and feet. Fine motor difficulty; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; Several years; There has been treatment or conservative therapy.; Reports of N/T that is constant in the whole left side of the body from the shoulder down to the ankle;Reports of weakness in the left arm, hand, leg, and foot;Reports of falls- She states she has fallen 3 times in the last 2 weeks due to left leg being; The patient has tried heat and ice that does not help. The patient takes hydrocodone for pain that takes a little bit of the edge off. The patient has completed physical therapy or pain management. She states she completed physical therapy at NEA Baptist ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	high grade cancer; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	in addition to C6/C7 DDD with spur there is a large cervical syrinx from C2 - C5 as well a Chiari I malformation at least 8 mm with crowding of the foramen magnum. There also appears to be a partially empty sella. Patient reports since fall she has interm; This study is being ordered for trauma or injury.; 8/1/20; There has been treatment or conservative therapy.; dissociated sensory loss, gait issues, balance issues, headaches etc exacerbated by Valsalva.; oral & intra-muscular 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Symptoms are worsening while attending physical therapy.; 10/2020; There has been treatment or conservative therapy.; Neck pain, numbness and tingling down left arm, balance issues; Physical therapy and gabapentin; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 asymmetric reflexes.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are no surgical findings to address in his lumbar spine. His exam is concerning. It is uncertain whether his findings are related to previous strokes or coming from his spinal cord.; Unknown; There has been treatment or conservative therapy.; Numbness and tingling in hands/ ataxic gait on heel to toe; Mobic, tizanidine, cymbalta; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a 30-year-old female that has progression of her scoliosis. Currently the patient is complaining of significant back pain that is progressively became worse over the past few months. She has tried physical therapy and epidural steroid injections; This study is being ordered for Congenital Anomaly.; 2009 - diagnosed with adolescent scoliosis; There has been treatment or conservative therapy.; mid and lower back pain; Physical therapy - made symptoms much worse;steroid injections - about 60% improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study is being ordered due to Neurological deficits.; weakness, abnormal EMG; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; He has an abnormal Tandem Gait Test;signal characteristics are somewhat consistent with a syrinx. However there is a significant amount of edema within the cord above and below. There is no obvious enhancement. The abnormal cord signal extends to the	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; Left Quadriceps: Strength: 2; Left Hamstring: Strength: 2; Left Tibialis Ant: Strength: 2 ; Left Plantar Flexion: Strength: 2; It has been going on for 5-6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	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.	3 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 10 years ago; There has been treatment or conservative therapy.; pain that radiates into both of her legs to her toes with numbness/tingling and weakness; Pain medication and epidural steroid injections; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; Several years; There has been treatment or conservative therapy.; Reports of N/T that is constant in the whole left side of the body from the shoulder down to the ankle;Reports of weakness in the left arm, hand, leg, and foot;Reports of falls- She states she has fallen 3 times in the last 2 weeks due to left leg being; The patient has tried heat and ice that does not help. The patient takes hydrocodone for pain that takes a little bit of the edge off. The patient has completed physical therapy or pain management. She states she completed physical therapy at NEA Baptist ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Clinicals faxed; 1992; There has not been any treatment or conservative therapy.; Clinicals faxed; This study is being ordered for Severe Scoliosis	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	EMG is not nailing down specific nerve; This study is being ordered for a neurological disorder.; 03/2020; There has been treatment or conservative therapy.; numbness, weakness, low back pain, lower extremity pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	high grade cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	in addition to C6/C7 DDD with spur there is a large cervical syrinx from C2 - C5 as well a Chiari I malformation at least 8 mm with crowding of the foramen magnum. There also appears to be a partially empty sella. Patient reports since fall she has interm; This study is being ordered for trauma or injury.; 8/1/20; There has been treatment or conservative therapy.; dissociated sensory loss, gait issues, balance issues, headaches etc exacerbated by Valsalva.; oral & intra-muscular 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Neck and back pain, find out if she is a surgical candidate.; Unknown of exact date, patient is status post lumbar spine fusion in 1996, she has severe neck and low back pain and feels like her spine is unstable.; There has been treatment or conservative therapy.; Neck and low back pain leg pain, arm pain.; medical cannabis, medicine therapy, PT in the past; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	preop for possible spinal surgery; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; chronic low back pain as well as difficulty ambulating; steroid injections; physical therapy; hx of fusion I4/5; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Unilateral focal muscle wasting	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; There are documented neurological exam findings/deficits; None of the above best describe the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Neurological exam findings or deficits are Not documented or unknown	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is Neurological Surgery ; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Foot Drop is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Foot Drop is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Chiropractic Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is NOT being requested for low back pain.; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 osteomyelitis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 a preoperative or recent postoperative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with 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 does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color		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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient coming in for a hospital follow up and scans as needed for review to check the patient current health status.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an Abnormality of the skull bones (craniosynostosis).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	evaluation of narrowing at the craniocervical junction with mild mass effect on brainstem discovered on MRI obtained for workup of chronic HAs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Patient coming in for a hospital follow up and scans as needed for review to check the patient current health status.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	evaluation of narrowing at the craniocervical junction with mild mass effect on brainstem discovered on MRI obtained for workup of chronic HAs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Patient coming in for a hospital follow up and scans as needed for review to check the patient current health status.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	2017; There has been treatment or conservative therapy.; weakness, tenderness on right C/W plate/ neuroma, persistant pain; Facdet joint injection, surgery 3/24/2017, medication; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describes the reason that I have requested this test.; Known or suspected normal pressure hydrocephalus best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	History of Present Illness: ;45 y.o. female patient who presents neurosurgery clinic today for follow up of evaluation of right neck pain that radiates down right shoulder blade as well as into her right arm and hand. She was last seen on 9/9/2020. Pat; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	preop for possible spinal surgery; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; chronic low back pain as well as difficulty ambulating; steroid injections ;physical therapy;hx of fusion l4/5; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; After doing well for several months following her suicide attempt in April, the patient has had a functional decline over the last month. She has had several falls. She does complain of low back and right hip pain, as well as scattered lower extremity p; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness.; Weakness upon physical exam and patient reported; Surgery is scheduled within the next 4 weeks.; It is not known if 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 3-4 months ago; There has been treatment or conservative therapy.; Chief Complaint: ; Neck pain and right arm pain ;;History of Present Illness; This 54 year old male presents with multiple complaints. His primary concern is of neck pain that radiates into the right hand. He has numbness in the right arm and hand.; He has tried chiropractic care with only mild relief. He has takes Tramadol and Ibuprofen with no relief.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; Clinicals faxed; It is not known if there has been any treatment or conservative therapy.; Clinicals faxed.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	10 weeks of continued conservative management for her neck and low back pain and continues to struggle with both.; 6/4/2019 initial physician consult, neck pain started in 2017, 7/27/2020 initial visit for low back pain; There has been treatment or conservative therapy.; right-sided neck pain radiating to her shoulders and upper thoracic spine, and severe low back pain that does not radiate. She states she experiences difficulty in turning her neck causing an increase pain and has began to experience speech difficulty fol; NSAIDs, muscle relaxers, analgesics, physical therapy x8 weeks, home exercise program, C3 partial corpectomy, C3-4 anterior cervical discectomy and fusion on 8/30/2019, ACDF in 2017; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	2017; There has been treatment or conservative therapy.; weakness, tenderness on right C/W plate/ neuroma, persistant pain; Facdet joint injection, surgery 3/24/2017, medication; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	chronic stable thoracic syrinx s/p drain placement at age 5, ADHD, autism, and pectus carinatum s/p repair 1 year ago, referred to our clinic for evaluation of possible scoliosis and back pain.; 2017; It is not known if there has been any treatment or conservative therapy.; follow-up syrin x; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is NOT a post operative complication	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	Faxing records; Faxing records.; There has been treatment or conservative therapy.; Faxing records; Faxing records; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	follow-up syrin x; This study is being ordered for Severe Scoliosis ; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; It is unknown if a previous x-ray demonstrates severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PROCEDURE: XR ENTIRE SPINE 2 VIEWS; ;INDICATION: Scoliosis.; ;COMPARISON: Multiple priors, most recent 4/9/2020; ;TECHNIQUE: Seated frontal and lateral views of the spine out of brace. ; ;FINDINGS: Focal kyphosis and retrolisthesis of the lowe; This study is being ordered for Congenital Anomaly.; 08/06/2015; There has been treatment or conservative therapy.; Congenital kyphosis;Spine - Kyphosis;Congenital spinal deformity;Cerebrospinal fluid leak from spinal puncture; posterior spinal fusion with vertebrectomy for lumbar kyphosis correction performed in March 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	The patient has Dermatoma sensory changes on physical examination	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.;	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	The patient has Focal upper extremity weakness	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Neurological Surgery ; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; None of the above are documented.; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological exam assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; None of the above describes the reason for requesting this procedure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	chronic stable thoracic syrinx s/p drain placement at age 5, ADHD, autism, and pectus carinatum s/p repair 1 year ago, referred to our clinic for evaluation of possible scoliosis and back pain.; 2017; It is not known if there has been any treatment or conservative therapy.; follow-up syrin x; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	DDD lumbar; History of Present Illness: ;Pamela is a 55 y.o. female who presents to neurosurgery clinic today for evaluation of low back pain and numbness that radiates down into groin and into medial thigh that stops at her knee. She states her symptoms started ap; There has been treatment or conservative therapy.; Musculoskeletal: reports weakness in lower extremity;MRI shows mild degenerative changes with mild anterior spondylosis present. The MRI from 2018 demonstrates discs bulges at L1-L2 and L5-S1 with mild left neural foraminal stenosis present. No high gr; ; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	follow-up syrin x; This study is being ordered for Severe Scoliosis ; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; It is unknown if a previous x-ray demonstrates severe scoliosis	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PROCEDURE: XR ENTIRE SPINE 2 VIEWS; ;INDICATION: Scoliosis.; ;COMPARISON: Multiple priors, most recent 4/9/2020; ;TECHNIQUE: Seated frontal and lateral views of the spine out of brace. ; ;FINDINGS: Focal kyphosis and retrolisthesis of the lowe; This study is being ordered for Congenital Anomaly.; 08/06/2015; There has been treatment or conservative therapy.; Congenital kyphosis;Spine - Kyphosis;Congenital spinal deformity;Cerebrospinal fluid leak from spinal puncture; posterior spinal fusion with vertebrectomy for lumbar kyphosis correction performed in March 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficits; 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.;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; There is weakness.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 3-4 months ago; There has been treatment or conservative therapy.; Chief Complaint: ; Neck pain and right arm pain ;;History of Present Illness; This 54 year old male presents with multiple complaints. His primary concern is of neck pain that radiates into the right hand. He has numbness in the right arm and hand.; He has tried chiropractic care with only mild relief. He has takes Tramadol and Ibuprofen with no relief.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; Clinicals faxed; It is not known if there has been any treatment or conservative therapy.; Clinicals faxed.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 2/2019; There has been treatment or conservative therapy.; Weakness, history of headaches, visual issues, swallowing issues, balance issues; suboccipital pressure and swelling is not positional. So much pain she cannot open her eyes at times. Nausea. Also notes myofascial pain in traps and neck; Swelling in legs; Medication, NSAIDS, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTS WITH 1-1/2 MONTH HISTORY OF SEVERE LOW BACK PAIN; There has been treatment or conservative therapy.; PATIENT DESCRIBES HER PAIN AS CONTINUOUS STABBING PAIN IN THE LOW BACK, LEFT HIP, AND LEG. SHE RATES HER PAIN 7/10. PAIN IS MADE WORSE BY CLIMBING STAIRS, REACHING, STANDING, WALKING. PATIENT DESCRIBES A STABBING PAIN IN THE LEFT HIP; ANTI-INFLAMMATORY AND REST. TRAMADOL 50 MG 1 TABLET AS NEEDED 4 TIMES A DAY. TIZANIDINE 4MG 1 TABLET HAS NEEDED THREE TIMES A DAY.; AP ;ATERAL XRAYS SHOWED THE PATIENT HAS ADVANCED DISC DEGENERATION AT MULTIPLE LEVELS IN THE THORACOLUMBAR REGION, SHE HAS ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	10 weeks of continued conservative management for her neck and low back pain and continues to struggle with both.; 6/4/2019 initial physician consult, neck pain started in 2017, 7/27/2020 initial visit for low back pain; There has been treatment or conservative therapy.; right-sided neck pain radiating to her shoulders and upper thoracic spine, and severe low back pain that does not radiate. She states she experiences difficulty in turning her neck causing an increase pain and has begun to experience speech difficulty fol; NSAIDs, muscle relaxers, analgesics, physical therapy x8 weeks, home exercise program, C3 partial corpectomy, C3-4 anterior cervical discectomy and fusion on 8/30/2019, ACDF in 2017; This study is being ordered for Other	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic stable thoracic syrinx s/p drain placement at age 5, ADHD, autism, and pectus carinatum s/p repair 1 year ago, referred to our clinic for evaluation of possible scoliosis and back pain.; 2017; It is not known if there has been any treatment or conservative therapy.; follow-up syrin x; This study is being ordered for Congenital Anomaly	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Clinicals faxed; Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; This study is being ordered for Other	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	DDD lumbar; History of Present Illness: ;Pamela is a 55 y.o. female who presents to neurosurgery clinic today for evaluation of low back pain and numbness that radiates down into groin and into medial thigh that stops at her knee. She states her symptoms started ap; There has been treatment or conservative therapy.; Musculoskeletal: reports weakness in lower extremity;MRI shows mild degenerative changes with mild anterior spondylosis present. The MRI from 2018 demonstrates discs bulges at L1-L2 and L5-S1 with mild left neural foraminal stenosis present. No high gr; ; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is NOT for pre-operative planning; There is NOT a post operative complication	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	Faxing records; Faxing records.; There has been treatment or conservative therapy.; Faxing records; Faxing records; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	follow-up syrin x; This study is being ordered for Severe Scoliosis ; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is unknown if the patient is presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; It is unknown if a previous x-ray demonstrates severe scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	office needs recent imaging prior to office appointment; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient has had surgery before. she feels she is having the same pain as before; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PROCEDURE: XR ENTIRE SPINE 2 VIEWS; ;INDICATION: Scoliosis.; ;COMPARISON: Multiple priors, most recent 4/9/2020; ;TECHNIQUE: Seated frontal and lateral views of the spine out of brace. ; ;FINDINGS: Focal kyphosis and retrolisthesis of the lowe; This study is being ordered for Congenital Anomaly.; 08/06/2015; There has been treatment or conservative therapy.; Congenital kyphosis;Spine - Kyphosis;Congenital spinal deformity;Cerebrospinal fluid leak from spinal puncture; posterior spinal fusion with vertebrectomy for lumbar kyphosis correction performed in March 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt states he just spoke with someone that set up a test for numbness is his arm, but the numbness is going down his leg as well. Please call to clarify and advise. Thank you.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Neurological Surgery ; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	EMG is not nailing down specific nerve; This study is being ordered for a neurological disorder.; 03/2020; There has been treatment or conservative therapy.; numbness, weakness, low back pain, lower extremity pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PATIENT PRESENTS WITH 1-1/2 MONTH HISTORY OF SEVERE LOW BACK PAIN; There has been treatment or conservative therapy.; PATIENT DESCRIBES HER PAIN AS CONTINUOUS STABBING PAIN IN THE LOW BACK, LEFT HIP, AND LEG. SHE RATES HER PAIN 7/10. PAIN IS MADE WORSE BY CLIMBING STAIRS, REACHING, STANDING, WALKING. PATIENT DESCRIBES A STABBING PAIN IN THE LEFT HIP; ANTI-INFLAMMATORY AND REST. TRAMADOL 50 MG 1 TABLET AS NEEDED 4 TIMES A DAY. TIZANIDINE 4MG 1 TABLET HAS NEEDED THREE TIMES A DAY.;AP ;ATERAL XRAYS SHOWED THE PATIENT HAS ADVANCED DISC DEGENERATION AT MULTIPLE LEVELS IN THE THORACOLUMBAR REGION, SHE HAS ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	52yo M with HA, N/V, and symptoms concerning for elevated intracranial pressure and suggestion of Chiari malformation.; Requestor has decided to proceed with the unlisted code.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		follow up on right frontal hematoma with mild edema;patient continues to have increased falls;gait disturbance;left mild hemiparesis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 a history of stroke, (CVA) known or follow-up.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	To evaluate Parkinson's disease, and worsening tremors.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/01/2020; There has not been any treatment or conservative therapy.; RECURRENT 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/12/2019; There has been treatment or conservative therapy.; Prior cerebellar CVA, right ICA stenosis, hypertension, hyperlipidemia, generalized weakness in lower extremities.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	31yo with a couple of different issues. As she has a first degree relative with aneurysm and has HA, I will get a CTA of the head. MRI of the brain as well with the report of seizure.; This study is being ordered for a neurological disorder.; July 2020;first degree family hx of aneurysm; There has been treatment or conservative therapy.; ; primary care physician directed treatment and neurology referral. rescue medication for migraines and blood pressure management 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9 years ago; It is not known if there has been any treatment or conservative therapy.; dizziness; nausea; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	HEADACHES SEIZURES AV MALFORMATION; This study is being ordered for a neurological disorder.; 1978; There has been treatment or conservative therapy.; HEADACHE AND SEIZURES; BRAIN SURGERY AGE 15 MEDICATION FOR HEADACHES AND SEIZURES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	history of seizures, 3 or more episodes of jerking on left side, elevated blood pressure, abnormal speech, facial parenthesis, micro vascular changes noted on CT; This study is being ordered for a neurological disorder.; 09-28-2020; There has been treatment or conservative therapy.; left sided weakness, pain history of CVA, dizziness, stroke, numbness left side of body, gargled speech; previous imaging, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Chris Morden is now 35 year old right handed male with history, signs and symptoms Cerebrovascular Accident in the posterior inferior Cerebellar artery, vertebrobasilar insufficiency causing dizziness. Differential diagnosis includes TIAs, Seizures, a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient having liver transplant and want to make sure he is stable before surgery and no new findings; This study is being ordered for trauma or injury.; May 2020; There has been treatment or conservative therapy.; contusion and hemorrhage; Other 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed,	pt awoke with parasthesia lasting 1 day ;still having numb weakness of left hand/leg/foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the brain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/01/2020; There has not been any treatment or conservative therapy.; RECURRENT 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/12/2019; There has been treatment or conservative therapy.; Prior cerebellar CVA, right ICA stenosis, hypertension, hyperlipidemia, generalized weakness in lower extremities.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9 years ago; It is not known if there has been any treatment or conservative therapy.; dizziness; nausea; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	follow up on right frontal hematoma with mild edema;patient continues to have increased falls;gait disturbance;left mild hemiparesis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	history of seizures, 3 or more episodes of jerking on left side, elevated blood pressure, abnormal speech, facial parenthesis, micro vascular changes noted on CT; This study is being ordered for a neurological disorder.; 09-28-2020; There has been treatment or conservative therapy.; left sided weakness, pain history of CVA, dizziness, stroke, numbness left side of body, gargled speech; previous imaging, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr Jones presented to the clinic for hospital dc f/u. not seen by neurology in hospital.;was admitted with elevated BP, right arm pain / numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mr. Chris Morden is now 35 year old right handed male with history, signs and symptoms Cerebrovascular Accident in the posterior inferior Cerebellar artery, vertebrobasilar insufficiency causing dizziness. Differential diagnosis includes TIAs, Seizures, a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt awoke with parasthesia lasting 1 day ;still having numb weakness of left hand/leg/foot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; 11/15/2020; There has been treatment or conservative therapy.; ; Augment pharmacological pain interventions with non-pharmacological interventions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Ms.Brown is a 29 year old female who presents to the neurology clinic for evaluation of headaches. She reports onset of headaches was approximately 3 months ago. She tells me that she was kicked in the nose and suffered some bleeding of the nose, but no l; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	STROKE:;Mrs. Baptiste in August suddenly developed right arm and leg tingling and weakness. She was evaluated at St. Michael Hospital where MRI confirmed the presence of a left thalamic acute stroke. It is felt that this is due to cerebrovascular disea; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	DIZZINESS, CONFUSION, UNRESPONISVENESS.; 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.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	STROKE;;Mrs. Baptiste in August suddenly developed right arm and leg tingling and weakness. She was evaluated at St. Michael Hospital where MRI confirmed the presence of a left thalamic acute stroke. It is felt that this is due to cerebrovascular disease; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 10/01/2020; There has not been any treatment or conservative therapy.; RECURRENT 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 11/15/2020; There has been treatment or conservative therapy.; ; Augment pharmacological pain interventions with non-pharmacological interventions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2 years ago pt had mri with dx of neurosarcoidosis. Pt is having bilat hand numbness nerve conduction test came back normal from 10/7/20.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; It is not known if the doctor notes on exam that the patient has delirium or acute altered mental status.; It is not known if the patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	04/2019 EEG is abnormal, because of mild to moderate generalized slowing of the background which is a non specific finding and may be seen in any toxic, metabolic, or diffuse structural lesion;Staring episodes last 10-15 seconds. Lately once every 2-3 we; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	09/16/2020; There has not been any treatment or conservative therapy.; seizure, tingling, weakness, headache, fatigue.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	09/28/2020; There has been treatment or conservative therapy.; headaches, dizziness, memory loss.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	31yo with a couple of different issues. As she has a first degree relative with aneurysm and has HA, I will get a CTA of the head. MRI of the brain as well with the report of seizure.; This study is being ordered for a neurological disorder.; July 2020;first degree family hx of aneurysm; There has been treatment or conservative therapy.; ; primary care physician directed treatment and neurology referral. rescue medication for migraines and blood pressure management 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2016; There has been treatment or conservative therapy.; bilateral upper extremity weakness, history of chiari malformation, need to rule out syrinx formation, migraine without aura, pain in neck and occipital head region, light and sound sensitivity, numbness in the back of the neck, intermittent numbness of l; MRI May 2016;Home remedies;Medication, OTC NSAID; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	abnormal EEG, left posterior region. Family hx of epilepsy. ADHD and probable learning disability.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Almost 15 year old with focal epilepsy. He is currently well controlled on Trileptal. The previous working diagnosis was benign epilepsy with centro temporal spikes (BECTS). However, most children have outgrown that by adolescence and he is now 15 with an; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	annual MRIs for multiple sclerosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Diagnosed with CPS at age 7 year while in Michigan, placed on Depakote and trileptal with partial control of hands drawing with occasional generalized and UI. Moved to AR, seen by Dr. Bates, off Depakote on lamictal and trileptal. Reported abnormal EEG in; This study is being ordered for a neurological disorder.; 01/01/2000; There has not been any treatment or conservative therapy.; urinary incontinence;loss of awareness;thrashing body movements;headaches;convulsive seizures;tongue biting;lack of sleep;fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 9 years ago; It is not known if there has been any treatment or conservative therapy.; dizziness; nausea; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Epilepsy;3T MRI brain with epilepsy protocol- focus on R frontoparietal region (semiology suggestive of R fronto-temporal onset; MEG R frontoparietal cluster); This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Family history of Parkinsons. Patient has gradual onset of constant episodes of head and bilateral hand tremor, described as rhythmic, coarse, symmetric, worse with movements and worse holding a position.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	It was felt that this would be stable. It produces proptosis. The proptosis certainly is stable. She has not developed new focal deficits, seizures, or visual change. Nor is there any worsening of headaches. In short, the arachnoid cyst is indeed lik; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Mr Johnson is a 64 year old male presents with low back pain that radiates down into both legs. He has had progressive difficulty moving his legs and walking over past 3-4 months. He initially had frequent falls with feelings of right leg "giving out", pr; There has been treatment or conservative therapy.; Mr Johnson is a 64 year old male presents with low back pain that radiates down into both legs. He has had progressive difficulty moving his legs and walking over past 3-4 months. He initially had frequent falls with feelings of right leg "giving out", pr; He is prescribed Hydrocodone, Cyclobenzaprine, Novolin and Gabapentin.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis exacerbation; Multiple Sclerosis, newly diagnosed, lesion in brain and enhancing lesion in thoracic spine.; This study is being ordered for a neurological disorder.; MARCH, 2020; There has been treatment or conservative therapy.; tingling and numbness in her LE. Started with the b/l feet and was also having tingling in her fingers. She went to PCP who thought that it was neuropathy and started her on GPN. But it kept getting worse and increased up to the lower abd. She had numbness; She was started on oral Pred by PCP for two week, she is not sure of the dosage but completed 2 wks and reports today feeling much better; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	multiple sclerosis. On current DMT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has been taking a lot of pain medication; This study is being ordered for a neurological disorder.; For some years this has been going on; There has been treatment or conservative therapy.; Patient has had a brain aneurysm migraines sensitive to light; Treatment with 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient having liver transplant and want to make sure he is stable before surgery and no new findings; This study is being ordered for trauma or injury.; May 2020; There has been treatment or conservative therapy.; contusion and hemorrhage; Other 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	reassess disease burden associated with multiple sclerosis; This study is being ordered for a neurological disorder.; 2016; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	64 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Chronic headache, longer than one month describes the headache's character.	39 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; New onset within the past month describes the headache's character.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if other causes have been ruled out.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there are documented localizing neurologic findings.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Evaluation of known or suspected subarachnoid hemorrhage best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	21 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 fatigue or malaise.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); The patient has a congenital abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 infection or inflammation; This is a Medicare member.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 undergone treatment for multiple sclerosis.	8 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 seizures; There has not been a previous Brain MRI completed.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 10/20/2020; It is not known if there has been any treatment or conservative therapy.; Since 10/20. This started and has been constant for 4 weeks. She has a stabbing, pounding pain behind her right eye.She is sensitive to sound.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; There has not been any treatment or conservative therapy.; Left hand has poor finger extension in 1-4th digit. Decreased finger abduction.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast	This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Multiple Sclerosis (MS) on a brain scan.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72128 Computed tomography, thoracic spine; without contrast material	<p>duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; This study is being ordered for trauma or injury.; on Sept 24 2020 rated 4 out of 10 for duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; There has not been any treatment or conservative therapy.; on Sept 24 2020 rated 4 out of 10 for duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	<p>duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; This study is being ordered for trauma or injury.; on Sept 24 2020 rated 4 out of 10 for duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; There has not been any treatment or conservative therapy.; on Sept 24 2020 rated 4 out of 10 for duration of 3 months Pain described as dull and persistent with activity. Associated with fall in her bathroom her on June 23, 2020. Onset Chronic. Progressively improving now. Denies pain, numbness or tingling in BLE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	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.; 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 weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	; ; There has been treatment or conservative therapy.; Abnormal gait. Parkinsons disease.; Physical Therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	; ; There has been treatment or conservative therapy.; neck pain, low back pain, numbness and tingling; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; She had two events in June 2020 were she had blurred vision, slurred speech, light headed became anxious, and could not walk which lasted 2-4 minutes. She reports that she has other similar events. She also reports headaches that she was told is caused by; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2016; There has been treatment or conservative therapy.; bilateral upper extremity weakness, history of chiari malformation, need to rule out syrinx formation, migraine without aura, pain in neck and occipital head region, light and sound sensitivity, numbness in the back of the neck, intermittent numbness of ; MRI May 2016;Home remedies;Medication, OTC NSAID; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	annual MRIs for multiple sclerosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Mr Johnson is a 64 year old male presents with low back pain that radiates down into both legs. He has had progressive difficulty moving his legs and walking over past 3-4 months. He initially had frequent falls with feelings of right leg "giving out", pr; There has been treatment or conservative therapy.; Mr Johnson is a 64 year old male presents with low back pain that radiates down into both legs. He has had progressive difficulty moving his legs and walking over past 3-4 months. He initially had frequent falls with feelings of right leg "giving out", pr; He is prescribed Hydrocodone, Cyclobenzaprine, Novolin and Gabapentin.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis exacerbation; Multiple Sclerosis, newly diagnosed, lesion in brain and enhancing lesion in thoracic spine.; This study is being ordered for a neurological disorder.; MARCH, 2020; There has been treatment or conservative therapy.; tingling and numbness in her LE. Started with the b/l feet and was also having tingling in her fingers. She went to PCP who thought that it was neuropathy and started her on GPN. But it kept getting worse and increased up to the lower abd. She had numbness; She was started on oral Pred by PCP for two week, she is not sure of the dosage but completed 2 wks and reports today feeling much better; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	multiple sclerosis. On current DMT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	pt in severe chronic pain wo help. need to determine treatment electric flutter feelings in legs, back spasms, mid back running around to ribs. weakness in both arms, neck weakness and cramps. pt has c/o migraines. CT of l reports small disc bulge l5 to s1; start date 10/31/2020; There has been treatment or conservative therapy.; painful burning spasm payin severe pain pt went to er. ct of l spine and t spine normal. 11/13/2020; 11/16 pt symptoms are worse. she feels like her head is squeezing and reports brian fog. note added dr hennigan 12/10/2020 put pt on naltrexone 3.5 mg dail; 11/3/2020 office visit for weakness pt was given gabapentin capsule 100 mg 1 capsule orally for 30days 11/11 office phone note pt feels way worse, painful burning spasm type pain. pt went to er. 11/12 due to the severe pain. ER had discharged her with tak; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	reassess disease burden associated with multiple sclerosis; This study is being ordered for a neurological disorder.; 2016; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	suspected myelopathy; May 2020; There has been treatment or conservative therapy.; abnormal reflex, lower extremity weakness, upper extremity weakness, bladder incontinence, left sided paresthesia; Physical therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; yes, there are documented clinical findings of Multiple sclerosis.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 68-year-old gentleman with numbness in the hands and feet. He may have some chronic carpal tunnel entrapment but I am more concerned about his cervical spine with the degree of hyperreflexic responses. Potential Babinski though he does have some withdra; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being requested for Multiple Sclerosis; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; Continued; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Acute gait abnormality is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The documented finding is new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Foot Drop is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; This study is being requested for Known or suspected infection or abscess; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are NO abnormal reflexes on exam; Continued; This study is being requested for Multiple Sclerosis; Continue; Imaging is NOT being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Unknown; There has not been any treatment or conservative therapy.; Left hand has poor finger extension in 1-4th digit. Decreased finger abduction.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	; ; There has been treatment or conservative therapy.; Abnormal gait. Parkinsons disease.; Physical Therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; She had two events in June 2020 were she had blurred vision, slurred speech, light headed became anxious, and could not walk which lasted 2-4 minutes. She reports that she has other similar events. She also reports headaches that she was told is caused by; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	annual MRIs for multiple sclerosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	multiple sclerosis. On current DMT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
					pt in severe chronic pain wo help. need to determine treatment electric flutter feelings in legs, back spasms,mid back running around to ribs. weaknes in both arms, neck weakness and cramps. pt has c/o migraines. CT of l reports small disc bulge l5 to s1,; start date 10/31/2020; There has been treatment or conservative therapy.; painful burning spasm payin severe pain pt went to er. ct of l spine and t spine normal. 11/13/2020,;11/16 pt symptoms are worse. she feels like her head is squeezing and reports brian fog.note added dr hennigan 12/10/2020 put pt on naltrexone 3.5 mg dai; 11/3/2020 office visit for weakness pt was given gabapentin capsule 100 mg 1 capsule orally for 30days 11/11 office phone note pt feels way worse, painful burning spasm type pain. pt went to er. 11/12 due to the severe pain. ER had discharged her with tak; This study is being ordered for Multiple Sclerosis		
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		1 2020	Oct-Dec 2020
					reassess disease burden associated with multiple sclerosis; This study is being ordered for a neurological disorder.; 2016; 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		
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	STAT - Differential diagnosis is broad including lumbosacral plexopathy (Diabetic amyotrophy?) v/s lumbar radiculopathy v/s GBS v/s mononeuritis multiplex.; history of type 1 diabetes mellitus since 2007, CKD, depression and hypertension reports tingling numbness in bilateral feet since 8 to 10 months. He reports developing abrupt onset of diffuse numbness in the right lower extremity and left lower extremity; There has been treatment or conservative therapy.; history of type 1 diabetes mellitus since 2007, CKD, depression and hypertension presents with abrupt onset of diffuse numbness, weakness and pain in the right more than left lower extremity, no significant improvement in symptoms, weakness, tingling numb; Home exercises, Physical therapy, diabetic education, dr visits, labs, spinal tap; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	suspected myelopathy; May 2020; There has been treatment or conservative therapy.; abnormal reflex, lower extremity weakness, upper extremity weakness, bladder incontinence, left sided paresthesia; Physical therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no weakness or reflex abnormality.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known or Suspected Infection or abscess; It is not known if there is laboratory evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis"; There is not laboratory or x-ray evidence of a paraspinal abscess.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 reflex abnormality.; She had 3+ reflexes on the left knee and ankle. Hint of clonus in the left ankle.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have a new foot drop.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 no weakness or reflex abnormality.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There is weakness.; MRI cervical spine demonstrated evidence of degenerative disc disease at multiple levels with broad-based disc protrusion at C5-6 with mild canal stenosis. At C6-7 there was a moderate broad-based central left paracentral disc protrusion with mild narrow	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; She had two events in June 2020 were she had blurred vision, slurred speech, light headed became anxious, and could not walk which lasted 2-4 minutes. She reports that she has other similar events. She also reports headaches that she was told is caused by; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	STAT - Differential diagnosis is broad including lumbosacral plexopathy (Diabetic amyotrophy?) v/s lumbar radiculopathy v/s GBS v/s mononeuritis multiplex.; history of type 1 diabetes mellitus since 2007, CKD, depression and hypertension reports tingling numbness in bilateral feet since 8 to 10 months. He reports developing abrupt onset of diffuse numbness in the right lower extremity and left lower extremity; There has been treatment or conservative therapy.; history of type 1 diabetes mellitus since 2007, CKD, depression and hypertension presents with abrupt onset of diffuse numbness, weakness and pain in the right more than left lower extremity, no significant improvement in symptoms, weakness, tingling numb; Home exercises, Physical therapy, diabetic education, dr visits, labs, spinal tap; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal nerve study involving the lumbar spine	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	6 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 a preoperative or recent postoperative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	It was felt that this would be stable. It produces proptosis. The proptosis certainly is stable. She has not developed new focal deficits, seizures, or visual change. Nor is there any worsening of headaches. In short, the arachnoid cyst is indeed lik; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	76497 Unlisted computed tomography procedure (eg,	Routine testing for Parkinson's Disease; Requestor has decided to proceed with the unlisted code.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	Dementia with aphasia and delusions. Frontotemporal dementia versus Alzheimer's.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Essential tremor with no confirmation of Parkinson disease although he does have some parkinsonism features that may or may not be from vascular disease versus other causes. It is possible he may have early stages of Parkinson disease with essential trem; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a neurological disorder.; February 2020; There has been treatment or conservative therapy.; Numbness in bilateral hands, legs and feet. Abnormal gait. Frontal lobe executive function deficits, STM loss, mild anomia.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	I have advised her to minimize the salt intake to keep the Blood Pressure under control, Get an MRI of brain with and without contrast, CTA/cow, Thyroid function tests, Complete blood count, Complete Metabolic Panel and Lipid Panel. Should also get an ove; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Mr Jones presented to the clinic for hospital dc f/u. not seen by neurology in hospital.;was admitted with elevated BP, right arm pain / numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Near syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Severe headache in patient with known intracranial hemorrhage.; This study is being ordered for a neurological disorder.; 9/16/2019; There has been treatment or conservative therapy.; Severe headache in a patient with know intracranial hemorrhage.; Over the counter medication given for headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is being ordered for a neurological disorder.; February 2020; There has been treatment or conservative therapy.; Numbness in bilateral hands, legs and feet. Abnormal gait. Frontal lobe executive function defecits, STM loss, mild anomia.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 study is being ordered 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	HEADACHES SEIZURES AV MALFORMATION; This study is being ordered for a neurological disorder.; 1978; There has been treatment or conservative therapy.; HEADACHE AND SEIZURES; BRAIN SURGERY AGE 15 MEDICATION FOR HEADACHES AND SEIZURES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	I have advised her to minimize the salt intake to keep the Blood Pressure under control, Get an MRI of brain with and without contrast, CTA/cow, Thyroid function tests, Complete blood count, Complete Metabolic Panel and Lipid Panel. Should also get an ove; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Near syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Severe headache in patient with known intracranial hemorrhage.; This study is being ordered for a neurological disorder.; 9/16/2019; There has been treatment or conservative therapy.; Severe headache in a patient with know intracranial hemorrhage.; Over the counter medication given for headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2020; It is not known if there has been any treatment or conservative therapy.; Since 10/20. This started and has been constant for 4 weeks. She has a stabbing, pounding pain behind her right eye.She is sensitive to sound.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	55-year-old gentleman with abnormal sensation in his ears. I have seen this with intracranial hypertension.; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; abnormal sensation in his ears. His ears will pulsate and feel like they need to pop though they never do. He feels some tightness on the ear posteriorly but no headache. He thinks maybe it follows his pulse. The left side is always present. blurred vi; patient has been seeing PCP and ENT with medication prescribed. Fluticasone was first prescribed with no efficacy. patient now on trial of acetazolamide.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Diagnosed with CPS at age 7 year while in Michigan, placed on Depakote and trileptal with partial control of hands drawing with occasional generalized and UI. Moved to AR, seen by Dr. Bates, off Depakote on lamictal and trileptal. Reported abnormal EEG in; This study is being ordered for a neurological disorder.; 01/01/2000; There has not been any treatment or conservative therapy.; urinary incontinence;loss of awareness;thrashing body movements;headaches;convulsive seizures;tongue biting;lack of sleep;fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has been taking a lot of pain medication; This study is being ordered for a neurological disorder.; For some years this has been going on; There has been treatment or conservative therapy.; Patient has had a brain aneurysm migraines sensitive to light; Treatment with 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Reports hx of Cerebral AV malformation s/p surgery.;no reports available for review.;; Headaches distribution suggestive of migraines.;Will start her on Imitrex for abortive therapy and will start on Topamax for prevention.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Seizure disorder; This study is being ordered for a neurological disorder.; 1-1-2010; There has been treatment or conservative therapy.; SEIZURES; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	to rule out compression of the nerve, lesion, growth as possible causes; This study is being ordered for trauma or injury.; 10/2017; There has been treatment or conservative therapy.; pain in R jaw radiates to R eye and back to R occipital. continuous pain multiple times daily lasting 3- 5 mins. Pain is disabling and causes headaches. Wind,eating, and talking exacerbates the pain. Has facial pain and spasms which results in her inability; carbamazepine, baclofen, gabapentin, oxycodone, lyrica, occipital nerve blocks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	Radiology Services Denied Not Medically Necessary		1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; The 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 7/20/2020; There has been treatment or conservative therapy.; Muscle weakness and paresthesia. Sensory loss in the lower abdominal region, perineal region and both lower extremities.; B12 injection 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; February 2020; There has been treatment or conservative therapy.; Numbness in bilateral hands, legs and feet. Abnormal gait. Frontal lobe executive function deficits, STM loss, mild anomia.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	<p>55-year-old gentleman with abnormal sensation in his ears. I have seen this with intracranial hypertension.; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; abnormal sensation in his ears. His ears will pulsate and feel like they need to pop though they never do. He feels some tightness on the ear posteriorly but no headache. He thinks maybe it follows his pulse. The left side is always present. blurred vi; patient has been seeing PCP and ENT with medication prescribed. Fluticasone was first prescribed with no efficacy. patient now on trial of acetazolamide.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	<p>Head injury on 6-1-19. Symptoms started after that.; There has been treatment or conservative therapy.; Severe headaches, increase in headaches. Blurred vision. Tinnitus. Dizziness. Subdural hemorrhage. Neck pain. Paresthesia of upper extremity.; Patient has done physical therapy for 6-8 weeks. OTC NSAIDS tried. Topamax has been tried.; This study is being ordered for Neurological Disorder</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	<p>Mr Jones presented to the clinic for hospital dc f/u. not seen by neurology in hospital.;was admitted with elevated BP, right arm pain / numbness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Reports hx of Cerebral AV malformation s/p surgery.;no reports available for review.;; Headaches distribution suggestive of migraines.;Will start her on Imitrex for abortive therapy and will start on Topamax for prevention.;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Seizure disorder; This study is being ordered for a neurological disorder.;; 1-1-2010; There has been treatment or conservative therapy.;; SEIZURES; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Severe headache in patient with known intracranial hemorrhage.;; This study is being ordered for a neurological disorder.;; 9/16/2019; There has been treatment or conservative therapy.;; Severe headache in a patient with know intracranial hemorrhage.;; Over the counter medication given for headaches.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Changing neurologic symptoms best describes the reason that I have requested this test.	23 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;; Chronic headache, longer than one month describes the headache's character.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;; New onset within the past month describes the headache's character.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 09/22/2020; There has not been any treatment or conservative therapy.; Leg paresthesia;Numbness in both legs - Primary; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	to rule out compression of the nerve, lesion, growth as possible causes; This study is being ordered for trauma or injury.; 10/2017; There has been treatment or conservative therapy.; pain in R jaw radiates to R eye and back to R occipital. continuous pain multiple times daily lasting 3- 5 mins. Pain is disabling and causes headaches. Wind,eating, and talking exacerbates the pain. Has facial pain and spasms which results in her inability; carbamazepine, baclofen, gabapentin, oxycodone, lyrica, occipital nerve blocks.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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	Multiple sclerosis exacerbation; Multiple Sclerosis, newly diagnosed, lesion in brain and enhancing lesion in thoracic spine.; This study is being ordered for a neurological disorder.; MARCH, 2020; There has been treatment or conservative therapy.; tingling and numbness in her LE. Started with the b/l feet and was also having tingling in her fingers. She went to PCP who thought that it was neuropathy and started her on GPN. But it kept getting worse and increased up to the lower abd. She had numbness; She was started on oral Pred by PCP for two week, she is not sure of the dosage but completed 2 wks and reports today feeling much better; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy per EMG.; I will obtain CT cervical spine. She recently was in MVA.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pre procedural; This study is being ordered for trauma or injury.; 7/18/2020; There has been treatment or conservative therapy.; pain; PT, Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	compression fracture T11, T12 & L1. neurosurgery pre op.; This study is being ordered for trauma or injury.; 8/18/2020; There has been treatment or conservative therapy.; back pain, no relieving factors. exacerbated by lying, sitting, or standing too long.; back brace/immobilization 6 weeks beginning 8/18/20. hydrocodone. alternating heat/ice every 4 hours. no lifting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	will upload clinicals; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	compression fracture T11, T12 & L1. neurosurgery pre op.; This study is being ordered for trauma or injury.; 8/18/2020; There has been treatment or conservative therapy.; back pain, no relieving factors. exacerbated by lying, sitting, or standing too long.; back brace/immobilization 6 weeks beginning 8/18/20. hydrocodone. alternating heat/ice every 4 hours. no lifting.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	09/16/2020; There has not been any treatment or conservative therapy.; seizure, tingling, weakness, headache, fatigue.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	09/28/2020; There has been treatment or conservative therapy.; headaches, dizziness, memory loss; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a neurological disorder.; ; There has been treatment or conservative therapy.; Pain; Medication and home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Head injury on 6-1-19. Symptoms started after that.; There has been treatment or conservative therapy.; Severe headaches, increase in headaches. Blurred vision. Tinnitus. Dizziness. Subdural hemorrhage. Neck pain. Paresthesia of upper extremity.; Patient has done physical therapy for 6-8 weeks. OTC NSAIDS tried. Topamax has been tried.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pre procedural; This study is being ordered for trauma or injury.; 7/18/2020; There has been treatment or conservative therapy.; pain; PT, Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She had a CT C-spine in July 2019 reporting unremarkable finding. It does show significant bone spur and bulging disc at C6-7, to me however. She also has pain radiating down left shoulder. She has some trouble walking but needs no assistance and has had ; greater than 10 years; It is not known if there has been any treatment or conservative therapy.; decreased totouch and vibration in bilateral toes, abnormal reflex in bicep and knees; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	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; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have any of the above listed items	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 02/19/2020; There has been treatment or conservative therapy.; extremity pain and a sensation of coldness; - TSH, HgA1C, CK, Vitamin D, DNA extraction;- EMG/NCS in 1 month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 09/22/2020; There has not been any treatment or conservative therapy.; Leg paresthesia;Numbness in both legs - Primary; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint pain.; It is not known if there has been any treatment or conservative therapy.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	will be auto approved(AR should attach electronic fax to Informa case); 01/01/2018; There has been treatment or conservative therapy.; numbness and tingling affecting the bilateral digits;lower back pain;weakness;fingers locking up; injections ;surgery; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Multiple Sclerosis	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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 study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 reflex abnormality; hyperreflexia in the bilateral lower extremities	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 02/19/2020; There has been treatment or conservative therapy.; extremity pain and a sensation of coldness; - TSH, HgA1C, CK, Vitamin D, DNA extraction;- EMG/NCS in 1 month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 09/22/2020; There has not been any treatment or conservative therapy.; Leg paresthesia;Numbness in both legs - Primary; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint pain.; It is not known if there has been any treatment or conservative therapy.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; neck pain, low back pain, numbness and tingling.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 7/20/2020; There has been treatment or conservative therapy.; Muscle weakness and paresthesia. Sensory loss in the lower abdominal region, perineal region and both lower extremities.; B12 injection 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She had a CT C-spine in July 2019 reporting unremarkable finding. It does show significant bone spur and bulging disc at C6-7, to me however. She also has pain radiating down left shoulder. She has some trouble walking but needs no assistance and has had ; greater than 10 years; It is not known if there has been any treatment or conservative therapy.; decreased touch and vibration in bilateral toes, abnormal reflex in bicep and knees; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 as a Pre-operative evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 6 weeks of completed conservative care in the past 6 months	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	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); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Physical exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has NOT been done or documented in the medical record; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 02/19/2020; There has been treatment or conservative therapy.; extremity pain and a sensation of coldness; - TSH, HgA1C, CK, Vitamin D, DNA extraction;- EMG/NCS in 1 month; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 09/22/2020; There has not been any treatment or conservative therapy.; Leg paresthesia;Numbness in both legs - Primary; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint pain.; It is not known if there has been any treatment or conservative therapy.; has multiple complains/symptoms that have been present for much of his life. One of his main issues is some mildly increased tone in the lower extremities (felt to be getting worse) as well as muscle and joint 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	will be auto approved(AR should attach electronic fax to Informa case); 01/01/2018; There has been treatment or conservative therapy.; numbness and tingling affecting the bilateral digits;lower back pain;weakness;fingers locking up; injections ;surgery; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Pain; Medication and home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Neurology	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 patient is NOT enrolled in the Imaging Dementia - Evidence for Amyloid Scanning (IDEAS) clinical trial.; This is a Medicare member.; This study is being requested for Dementia; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not Medically Necessary	Near syncope; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nuclear 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nuclear 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.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Nuclear 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Nuclear 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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material		08/27/2020; There has not been any treatment or conservative therapy.; Clinicals faxed; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	Endometrial cancer, recurrence suspected; There has been treatment or conservative therapy.; recently with findings of a distal sigmoid lesion that constricted; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	complex mass sitting adjacent to right ovary somewhat ill defined; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for fetal injury.; There has been an ultrasound that showed a fetal abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	unknown; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/27/2020; There has not been any treatment or conservative therapy.; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Endometrial cancer, recurrence suspected; There has been treatment or conservative therapy.; recently with findings of a distal sigmoid lesion that constricted; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	CALCULATED LIFETIME RISK 37.2MALE RELATIVE HAD BREAST CANCER AS WELL AS SEVERAL OTHER 2ND DEGREE RELATIVES; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Mother was diagnosed with Metastatic Breast cancer at 40 and maternal grandmother diagnosed at 50; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	new cancer dx;; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient's mother diagnosed with breast cancer at the age of 65. Patient has lifetime risk of 27%.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	RUPTURE OF IMPLANT; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; It is not known if this study being ordered to evaluate a suspected silicone implant rupture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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 seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	kidney stone or appendicitis; This study is being ordered for Inflammatory/ Infectious Disease.; today; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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); vaginal cuff revision; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; unknown; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	kidney stone or appendicitis; This study is being ordered for Inflammatory/ Infectious Disease.; today; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	OB/Gynecology	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		RE-STAGING ESOPHAGEAL CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		RE-STAGING ESOPHAGEAL CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	70544 Magnetic resonance angiography, head; 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 Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	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 Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	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.; . follow up and treatment with Herceptin, which she receives every 3 weeks	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Oncology	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.; receiving cardiotoxic chemotherapy; evaluate EF	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	2019 APPROXIMATELY; There has been treatment or conservative therapy.; ANEMIA, FATIGUE, PAIN, RASH; PORT PLACEMENT, INFUSTIONS, MEDICATIONS, PREDISONE, MONITOR LABS, F/UP APPTS, & SCANS; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2019 APPROXIMATELY; There has been treatment or conservative therapy.; ANEMIA, FATIGUE, PAIN, RASH; PORT PLACEMENT, INFUSTIONS, MEDICATIONS, PREDISONE, MONITOR LABS, F/UP APPTS, & SCANS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Loss of vision on left eye Oct 13th, 2020; There has not been any treatment or conservative therapy.; Loss of vision of left eye, increased blind spot left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	CT showed extensive left sided sinus disease with involvement of skull base. MRI needed due to possible malignancy and to further evaluate and plan for surgery.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2020 -worsened 3 weeks ago; There has been treatment or conservative therapy.; Swelling, tearing, pain, sinus headaches lasting 6 months.; Multi rounds of antibiotics and steroids as well as antihistamines and decongestants.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2020; There has not been any treatment or conservative therapy.; swollen optic nerve persistent daily headache tenderness of scalp and head nausea and dizziness, vertigo and migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Other localized visual field defect, bilateral; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	r/o masses or tumors.; This study is being ordered for a neurological disorder.; 10/02/2020; There has not been any treatment or conservative therapy.; Optic nerve swelling, HA, dark spots in 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Loss of vision on left eye Oct 13th, 2020; There has not been any treatment or conservative therapy.; Loss of vision of left eye, increased blind spot left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	CT showed extensive left sided sinus disease with involvement of skull base. MRI needed due to possible malignancy and to further evaluate and plan for surgery.; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2020 -worsened 3 weeks ago; There has been treatment or conservative therapy.; Swelling, tearing, pain, sinus headaches lasting 6 months.; Multi rounds of antibiotics and steroids as well as antihistamines and decongestants.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 9/2020; There has not been any treatment or conservative therapy.; swollen optic nerve persistent daily headache tenderness of scalp and head nausea and dizziness, vertigo and migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Other localized visual field defect, bilateral; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	r/o masses or tumors.; This study is being ordered for a neurological disorder.; 10/02/2020; There has not been any treatment or conservative therapy.; Optic nerve swelling, HA, dark spots in 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 11/17/2020; There has been treatment or conservative therapy.; Sees Bright lights and circles, migraines; Lexapro, C pap machine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 neurological disorder.; unknown; There has been treatment or conservative therapy.; vascular headaches; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	r/o masses or tumors.; This study is being ordered for a neurological disorder.; 10/02/2020; There has not been any treatment or conservative therapy.; Optic nerve swelling, HA, dark spots in 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 11/17/2020; There has been treatment or conservative therapy.; Sees Bright lights and circles, migraines; Lexapro, C pap machine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 neurological disorder.; unknown; There has been treatment or conservative therapy.; vascular headaches; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	will upload 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.; 02/18/2020; There has been treatment or conservative therapy.; mild stiffness, pain. muscle spasms; surgery was performed on 3/2/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Asymmetric reflexes.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Lower extremity weakness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 radiculopathy documented on EMG or nerve conduction study.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	preprocedure; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No fall with compression fracture; There has been treatment or conservative therapy.; ; activity modification , nsaid, im injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	; 12/23/2019; There has been treatment or conservative therapy.; Pain; Pt was given PT, Chiro, and nsaid.; This study is being ordered for Severe Scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/15/2019; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	He has difficulty tying on his shoelaces. He has difficulty opening up jars or cans. He has had several episodes of near falls because of this.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017 56-year-old male with a chief complaint of neck pain and right-sided arm and leg subjective weakness. He works at a diner as a line cook and has had his symptoms for the last 3 years.; It is not known if there has been any treatment or conservative therapy.; 2 views of cervical spine to include flexion-extension radiographs were obtained here today in office 10/6/2020 reviewed by me shows evidence of multilevel cervical spondylosis with florid disc space narrowing from C3-C7. There is some evidence of congeni; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Musculoskeletal/Neurologic: Gait and station are somewhat myelopathic. She has positive Hoffmann's bilaterally hyperreflexia in all extremities. +3 clonus in her lower extremities. She has appropriate strength in her upper and lower extremities. Diffuse d; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; It is unknown if there is a post operative complication	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; This study is being requested for Pre-operative evaluation; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The documented finding is NOT new or worsening; Extremity weakness is documented; This study is being requested for Neurologic deficits; Continue; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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; It is not known if the pain began within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 12/23/2019; There has been treatment or conservative therapy.; Pain; Pt was given PT, Chiro, and nsaid.; This study is being ordered for Severe Scoliosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	I would like to obtain thoracic and lumbar MRI images to further evaluate for degree of spinal stenosis. Patient will review with me afterwards. And if she wishes to pursue surgical intervention, if that is appropriate, will have her come in and see Dr.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	lateral views of the thoracic spine obtained today reveal no fractures and overall normal alignment.;3 views of the right hand obtained today reveal a displaced fracture through the waist of the scaphoid that appe; This study is being ordered for trauma or injury.; back pain and chronic right wrist pain. The pain in his right wrist began 2 years ago when he fell after a soccer ball hit his right wrist. He is had continued pain in the wrist since with lifting, gripping, and applying any pressure onto the wrist. Enter; There has been treatment or conservative therapy.; discomfort over the scaphoid with deep palpation Describe primary symptoms here -tenderness over the distal radius or Type In Unknown paraspinal tenderness over the tROM: some decrease due to pain.horacic spine.If He has had continued pain with leaning fo; Describe treatment / conservative therapy here - or Type In Unknown IPhysical Therapy start date: 03/08/2020;Physical Therapy end date: 09/02/2020;Physical Therapy: Did not help f NDue to the persistent symptoms in his thoracic spine despite physical th; One of the studies being ordered is NOT a Breast	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 radiculopathy documented on EMG or nerve conduction study.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; Muscle Strength::APB strength is good, no thenar atrophy. No small finger FDP weakness bilaterally.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT planned or scheduled in the next 6 weeks	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for trauma or injury.; 3/3/2020; There has been treatment or conservative therapy.; groin and testicular pain after traction injury;; patient is endorsing bowel and bladder incontinence ;;Antalgic gait. Increased thoracic kyphosis .; PATIENT IS ON GABAPENTIN, HAS SEEN UROLOGIST, NOT A CANDIDATE FOR PHYSICAL THERAPY BECAUSE he is in considerable pain today which is worsened with any type of motion/gait/motion of the hip or lumbar spine. ;groin and testicular pain after traction injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/15/2019; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	I would like to obtain thoracic and lumbar MRI images to further evaluate for degree of spinal stenosis. Patient will review with me afterwards. And if she wishes to pursue surgical intervention, if that is appropriate, will have her come in and see Dr.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Musculoskeletal/Neurologic: Gait and station are somewhat myelopathic. She has positive Hoffmann's bilaterally hyperreflexia in all extremities. +3 clonus in her lower extremities. She has appropriate strength in her upper and lower extremities. Diffuse d; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; It is unknown if there is a post operative complication	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	none; a month ago; There has been treatment or conservative therapy;; weakness, pain; pt and meds; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Study was ordered to further evaluate a possible infection in her spinal hardware. The patient has had an on going elevated CRP and Sed Rate, however we have treated this with antibiotics and it is not resolving. I do believe the patient needs an MRI to f; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is being requested for Known or suspected tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.; The patient has an Abnormal x-ray indicating a significant abnormality	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s)	3 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 as a Pre-operative evaluation	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 6 weeks of completed conservative care in the past 6 months	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 Follow-up to spine injection in the past 6 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal reflexes is documented; The documented finding is new or worsening; Lower extremity unequal reactive to stimulus best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had TENS/ EMS/Diathermy/Laser therapy; There is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Pre-operative evaluation; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for trauma or injury.; 3/3/2020; There has been treatment or conservative therapy.; groin and testicular pain after traction injury;; patient is endorsing bowel and bladder incontinence ;;Antalgic gait. Increased thoracic kyphosis ; PATIENT IS ON GABAPENTIN, HAS SEEN UROLOGIST, NOT A CANDIDATE FOR PHYSICAL THERAPY BECAUSE he is in considerable pain today which is worsened with any type of motion/gait/motion of the hip or lumbar spine. ;groin and testicular pain after traction injury; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pain in the lumbosacral area with persistent pain at the tailbone; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	she has pensions, she has osteoarthritis pain down right leg, injections and medications did work and dr did p2p and he recommended a MRI; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 bilateral hip avascular necrosis.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	lateral views of the thoracic spine obtained today reveal no fractures and overall normal alignment.;3 views of the right hand obtained today reveal a displaced fracture through the waist of the scaphoid that appe; This study is being ordered for trauma or injury.; back pain and chronic right wrist pain. The pain in his right wrist began 2 years ago when he fell after a soccer ball hit his right wrist. He is had continued pain in the wrist since with lifting, gripping, and applying any pressure onto the wrist. Enter; There has been treatment or conservative therapy.; discomfort over the scaphoid with deep palpation Describe primary symptoms here -tenderness over the distal radius or Type In Unknown paraspinal tenderness over the tROM: some decrease due to pain.horacic spine.If He has had continued pain with leaning fo; Describe treatment / conservative therapy here - or Type In Unknown IPhysical Therapy start date: 03/08/2020;Physical Therapy end date: 09/02/2020;Physical Therapy: Did not help f NDue to the persistent symptoms in his thoracic spine despite physical th; One of the studies being ordered is NOT a Breast	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	34 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a preoperative or recent postoperative evaluation.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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 suspicion of upper extremity neoplasm or tumor or metastasis.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	will upload 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.; 02/18/2020; There has been treatment or conservative therapy.; mild stiffness, pain. muscle spasms; surgery was performed on 3/2/2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; It is not known if 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Acetaminophen-Codeine Phosphate 300-30 MG tablets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	10.7.20 pt was mopping and dropped the mop and felt the wrist pop. eval for a tendon tear or injured bone from tendon tear; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	41-year-old gentleman who has developed a neuroma of the ulnar nerve just proximal to the cubital tunnel from a presumed knife injury 1 year ago who now is having significant ulnar neuropathy. We will obtain an MRI for her further characterization of th; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	54-year-old female with bilateral shoulder pain. She had a fall several weeks ago. She fell backwards. She had immediate shoulder pain. She was treated with medication, injection, therapy exercises, etc. She reports no significant improvement. In fact, sh; This study is being ordered for trauma or injury.; June 2020; There has been treatment or conservative therapy.; Bilateral upper extremities: Active motion severely limited by pain. Passive external rotation 65 degrees. Positive Hawkins. Positive speeds. Positive O'Brien's. 3 out of 5 with abduction. Brisk cap refill.;;bilateral shoulder pain, weakness, positive ; She was treated with medication, injection, therapy exercises, etc.;; the left shoulder was injected with 5cc of 1% lidocaine and 2cc of 40mg kenalog under sterile technique.;;We are going to attempt some conservative measures first. I injected the le; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not from a recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2020; It is not known if there has been any treatment or conservative therapy.; Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Examination of his arm reveals that he has upward migration of the biceps muscle mass in his arm and he has extensive ecchymosis on the medial side of his arm. The peripheral neurovascular exam is intact. X-rays of the right elbow were ordered today. 3 vi; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Fixed angular flexion deformity of the 2nd DIP joint is seen with old healed mallet injury and secondary osteoarthritic changes. No acute osseous injury is present. MAY NEED 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	for cervical epidural injection.;;for right shoulder to rule out a suspected rotator cuff tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 1, 2020; There has been treatment or conservative therapy.; Cervical spine pain with radiculopathy going down both arms but right is worse. weakness of neck and extremities worse on right upper extremity;;Shoulder pain with positive Jobses test with positive impingement maneuvers, pain with external rotation. p; for cervical spine : Formal Physical therapy and Home exercises started on 06/05/2020 and ended on 10/19/2020. NSAIDS started 6/1/2020. Meloxicam started 9/15/2020. Carpal tunnel release on 7/21/2020 that did not help with radiculopathy from cervical sp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	He has noticed a new mass over the left dorsal wrist proximal to the DRUJ over the past month it has gotten larger. It is tender to palpation. Does not move with tendon excursion. Is not having any overlying skin changes. He does report a strong family hi; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	I discussed with the patient that I would like him to try nonoperative management. I would like him to be on brace full-time for the next 4 weeks and see if this calms it down, let us see if it will help it. In the meantime, we can get an MRI arthrogram; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	need to evaluate distal biceps tendon and supinator.;Pt is a mixed martial arts fighter.Several months ago he was throwing a punch and developed significant anterior and lateral elbow pain. He reports marked limitations in flexion at the elbow. This ha; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient had fall in 5/2020 and had shoulder injury and elbow injury. She is not improving after therapy, rest and NSAIDS. Possible Rotator Cuff Tear and Possible Nonunion of Elbow Fracture.; This study is being ordered for trauma or injury.; 5/2020 - fall; There has been treatment or conservative therapy.; Possible Nonunion of Fracture;Shoulder Pain;Positive Empty Can Testing;Weakness with Subscapularis Testing; Therapy, NSAIDS, Rest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PATIENT HAS PREVIOUS HEALED WRIST DISTAL RADIUS FX, STILL HAVING PAIN, TENDER DORSAL JUST DISTAL TO RIGHT; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	PT IS A NEW PT TO THE CLINIC AND WE DO NOT HAVE ANY HISTORY OF HIS PAST EXPERIENCES WITH HIS ELBOW; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Quite limited flexion extension of the left wrist, due to pain with pinch points at the dorsum of the left thumb base.;;Finkelstein testing is difficult to complete due to pain at the dorsum of the left thumb base. No osteochondral calcification of the ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	R/O fracture vs ligament injury; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	strain of muscle, fascia and tendon; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	sx cannot be scheduled until a confirmed dx is gotten from the mri. concern for ligament tear from injury 11.20.20 when pt was MMA fighting and arm got stuck and pt felt a pop in elbow.; 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.";	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; R/O rotor cuff tear	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has completed and failed a course of conservative treatment.; unknown	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	32 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Susan K Cox is here for complaints of right 7/10 shoulder pain that has been going on for about 2 months. she has had an injury to the affected shoulder when she flipped her four wheeler and landed directly onto the shoulder . Pain is intermittent and s	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 post-operative evaluation.; The ordering physician is an orthopedist.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Enter answer here - or Type In Unknown If No Info Given. &gt;	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Left shoulder pain with possible rotator cuff injury and acromioclavicular joint arthritis. Examination of his left shoulder shows him to forward elevate to about 90, abducts to 90, externally rotate by his side to about 20. He is very tender at his AC j	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; to eval rtc tear and possible retraction to determine if rtc can be repaired.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is not known what type of medication the patient received.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 medication other than joint injections(s) or oral analgesics.; meloxicam	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received medication other than joint injections(s) or oral analgesics.; Amlodipine, Hydroxyzine Pamoate, Ketorolac, and Tramadol	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has 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.; The physician has not directed a home exercise program for at least 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	71 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Range of Motion exercises Still in pain after 4 weeks of treatment; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; RICE therapy. May alternate heat.OTC NSAIDs for pain if tolerated; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 joint injection(s).	7 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 not directed a home exercise program for at least 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	22 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	18 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; more that 4 months; The patient received oral analgesics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 treatment documentation; It is not known what type of medication the patient received.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if surgery is planned for in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not scheduled in the next 4 weeks.; The member has a recent injury.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a 30 year old male who is being seen for evaluation of a left wrist injury. The patient is right hand; dominant. Symptoms include swelling, weakness, pain with grip, pain with heavy or repetitive activity, numbness, and; tingling. The patient desc; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a 51 year old female who is left hand dominant and is being seen for a chief complaint of Shoulder Pain;involving the left shoulder and right shoulder. This occurred in the context of tubing on the water during the summer. .;The left shoulder a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 have an abnormal plain film study of the joint.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	unknown; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Aseptic Loosening, Prosthetic Joint - left knee joint; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 06/01/2019; There has been treatment or conservative therapy.; pain in right hip radiates to knee, gait instability, limited rom in hip and knee; nsuids, pain meds, rest, pt, home exercises, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX INFO; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Impression: Right knee severe lateral compartment 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	kellgren Lawrence grade 4, medial narrowing, conservative therapy has been exhausted; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Lorrie presents to the clinic today for follow up on her left knee. She has bilateral knee pain, but left is worse than the right. She was previously scheduled for a left TKA in March but it was canceled d/t C; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	need ct knee for pre op planning. pt is sch for total knee replacement w robotic assistance; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	None; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	OA and pt scheduled for knee replacement w robotic assistance, need ct for surgical planning.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	other mechanical complication of other internal orthopedic devices, implants, and grafts. Abnormal finding on plain film. Post-op knee revision total knee arthroplasty right knee.Symptoms include medial sided pain, lateral sided pain, anterior pain, swell; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient is scheduled for a Left Total Knee Arthroplasty MAKO on 11/3/2020.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Planning for right 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Pre op for surgical planning of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	pre op planning for robot assisted 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	robotic mako tka, CT, specific to patient's knee; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	surgical planning, surgery scheduled on 11/19/2020; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This CT is for surgical planning; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Leg CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	will get ct signature protocol due to the rod in his femur. he has tried all manner of non op treatment, he has severe post traumatic arthritis in his left knee. will plan for tka early next year; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; There are no physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The results of the plain films is not known.; This study is being ordered for Known or Suspected Joint Infection	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	bypass clinicals; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	dislocation since age 8. Her right is worse than the left. She now is developed right;knee pain swelling catching locking,;She does have history of ligamentous laxity she had a work-up that was negative by rheumatolo; This study is being ordered for trauma or injury. ; Persistent pain/swelling not responding to conservative therapy., Persistent pain/swelling not responding to conservative therapy. Xrays have ruled out fracture or loose body., and Suspected internal derangement of the knee or ligamentous instability; ; There has been treatment or conservative therapy.; Symptoms include lateral sided pain, anterior pain,;swelling, stiffness, loss of flexion, and weakness. The patient describes symptoms as constant and throbbing. The;following make the symptoms worse: athletic activity, bending the knee, climbing up ste; Rest, ice, and NSAIDS. PT has been ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, PAIN IN KNEE GREATER THAN 3 MONTHS POSSIBLE MENICUS TEAR; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Preoperative; This study is being ordered for trauma or injury. ; ; There has been treatment or conservative therapy.; Popping, Clicking, swelling and pain; PT,OTC 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	rule out meniscal tears and osteoarthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/10/2019; There has been treatment or conservative therapy.; bilateral knee pain, limited ROM, positive McMurray and Steinmann; NSAIDS, injections, hx of right knee arthroscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Since the onset, she reports the problem is getting worse. The patient experiences limping. Bilateral knees show mild DJD osteoarthritis with some mild joint space narrowing; This study is being ordered for trauma or injury.; 11/23/2020; There has been treatment or conservative therapy.; She describes the symptoms as sharp, stabbing, throbbing, aching and shooting.; She is tried self-directed physical therapy with no improvement in symptoms. She is on daily anti-inflammatory medication. The patient has received the following treatments of rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 had a recent bone scan.; The bone scan was not normal.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 acute pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; instability; Surgery is being planned.; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is being planned.; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is being planned.; Arthroscopic surgery	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Instability; It is unknown if surgery is planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Limited range of motion; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Locking; It is unknown if surgery is planned.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Post-operative Evaluation	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	269 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	5 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s), and further	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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 not planned for in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for post operative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for an Ankle MRI.; The study is 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; 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.	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; 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.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for an Ankle MRI.; The study is 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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Enter date of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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.	19 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, tumor or cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	76380 Computed tomography, limited or localized follow-up study	Patient is complaining of right hip pain; Limited or Follow up other than Sinus CT; SI Joint area of the body	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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).; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied demonstrating symptoms of Covid-19 (Coronavirus). Ct ordered for pain in rib cage, patient failed PT, patient cannot sleep at night due to 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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	difficulty forward flexing and abducting above the level of the shoulder however with a forceful thrust she is able to elevate and maintain full forward flexion. Patient has normal strength 5/5 in rotator cuff muscle. Patient Has positive scapular ass; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	failed conservative treatment, evaluation for possible thoracic outlet syndrome.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical 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.; 11/01/2018; There has been treatment or conservative therapy.; Dull, sharp, stabbing and tingling pain. Symptoms worse if sitting standing looking up layig down. He has weakness in the upper extremities and numbness in the upper extremities and fine motor control problems; Anti inflammatory medications;Physical Therapy;Steriod spine 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	An MRI performed over 1 year ago shows neuroforaminal narrowing visible at multiple levels beginning most notably at C5-6 extending down through C6-7 and into C7-T1 where there is severe neuroforaminal narrowing at the lower 2 of those segments.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	He has difficulty tying on his shoelaces. He has difficulty opening up jars or cans. He has had several episodes of near falls because of this.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017 56-year-old male with a chief complaint of neck pain and right-sided arm and leg subjective weakness. He works at a diner as a line cook and has had his symptoms for the last 3 years.; It is not known if there has been any treatment or conservative therapy.; 2 views of cervical spine to include flexion-extension radiographs were obtained here today in office 10/6/2020 reviewed by me shows evidence of multilevel cervical spondylosis with florid disc space narrowing from C3-C7. There is some evidence of congeni; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	preprocedure; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No fall with compression fracture; There has been treatment or conservative therapy.; ; activity modification , nsaid, im injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Left leg.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness.; lower extremity weakness while walking or standing.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; 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 weakness.; Patient has weakness to the lower extremities causing her legs to give out from underneath her while walking, causes her to be unable to sleep, and to complete daily living activities.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Patient has bilateral lower extremity pain, weakness and radiculopathy that has affected her daily living activities. She is unable to walk long distances or stand for long periods of time due to the weakness in her legs.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Weakness while standing and walking causing her to fall; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2018; There has been treatment or conservative therapy.; Dull, sharp, stabbing and tingling pain. Symptoms worse if sitting standing looking up layig down. He has weakness in the upper extremities and numbness in the upper extremities and fine motor control problems; Anti inflammatory medications;Physical Therapy;Steriod spine 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	36-year-old female with lumbar spondylosis and now with concrement and right-sided C7 radiculopathy-sensory. At this point I do recommend an MRI of the cervical and lumbar spine to enable further treatment. She has some sensory loss in the right upper ext; 2012; There has been treatment or conservative therapy.; ; 36-year-old female with lumbar spondylosis and now with concrement and right-sided C7 radiculopathy-sensory. At this point I do recommend an MRI of the cervical and lumbar spine to enable further treatment. She has some sensory loss in the right upper ext; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	being seen for a chief complaint of Chronic Low Back Pain, involving the spine. This occurs in the context of;having chronic back pain. The pain has been present for 1 year. The spine pain is described as burning and radiating and associated numbness; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Weakness; PT on shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	for cervical epidural injection.;;for right shoulder to rule out a suspected rotator cuff tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 1, 2020; There has been treatment or conservative therapy.; Cervical spine pain with radiculopathy going down both arms but right is worse. weakness of neck and extremities worse on right upper extremity;;Shoulder pain with positive Jobes test with positive impingement maneuvers, pain with external rotation. p; for cervical spine : Formal Physical therapy and Home exercises started on 06/05/2020 and ended on 10/19/2020. NSAIDS started 6/1/2020. Meloxicam started 9/15/2020. Carpal tunnel release on 7/21/2020 that did not help with radiculopathy from cervical sp; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	mri of the c-spine, and mri with contrast of the right shoulder E; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	none; a month ago; There has been treatment or conservative therapy.; weakness, pain; pt and meds; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	hand OCTR and CuTr, performed on 11/11/2020.;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; This study is being ordered for trauma or injury.; This is a 78 year old male who is s/p left hand OCTR and CuTr, performed on 11/11/2020.;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; There has been treatment or conservative therapy.; This is a 78 year old male who is s/p left hand OCTR and CuTr, performed on 11/11/2020.;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is Orthopedics; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; None of the above are documented.; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is Orthopedics; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 3 months but less than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	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; It is unknown if any of these apply to the patient	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset or changing radiculitis / radiculopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	36-year-old female with lumbar spondylosis and now with concrement and right-sided C7 radiculopathy-sensory. At this point I do recommend an MRI of the cervical and lumbar spine to enable further treatment. She has some sensory loss in the right upper ext; 2012; There has been treatment or conservative therapy.; ; 36-year-old female with lumbar spondylosis and now with concrement and right-sided C7 radiculopathy-sensory. At this point I do recommend an MRI of the cervical and lumbar spine to enable further treatment. She has some sensory loss in the right upper ext; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	being seen for a chief complaint of Chronic Low Back Pain, involving the spine. This occurs in the context of, having chronic back pain. The pain has been present for 1 year. The spine pain is described as burning and radiating and associated numbness; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS A CIRCULAR CALCIFICATION MASS WITHIN THE PELVIS . SHE HAS HAD RECENT WEIGHT LOSS BUT NO OTHER CANCEROUS HISTORY. SHE HAS INCREASED LORDOSIS ON THE LATERAL X-RAY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	severe low back pain (lumbar MRI) and suspected medial meniscus tear of left knee (knee MRI); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; it is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This is an 87 year old female who presents for evaluation of right knee pain located all over the knee (diffuse).;Symptoms began 2 months ago as a result of a gradual and insidious onset. The pain is radiating. She has had the;following procedures: tota; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had on going right hip pain for greater than 1 year. She also has low back pain which I believe may be caused by the right hip. She has severe degenerative joint disease to the right hip which is causing difficulty with daily living activities; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RIGHT HIP DEGENERATIVE DISEASE, HIP PAIN, HURTS FROM GROIN TO KNEE , AND PT CANT WALK. DECREASED RANGE IN MOTION AND STRENGTH; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	RIGHT HIP DEGENERATIVE DISEASE, HIP PAIN, HURTS FROM GROIN TO KNEE , AND PT CANT WALK. DECREASED RANGE IN MOTION AND STRENGTH; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAS A CIRCULAR CALCIFICATION MASS WITHIN THE PELVIS . SHE HAS HAD RECENT WEIGHT LOSS BUT NO OTHER CANCEROUS HISTORY. SHE HAS INCREASED LORDOSIS ON THE LATERAL X-RAY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Musculoskeletal: Left lower extremity demonstrates intact skin, full ankle range of motion with pain, no instability with anterior drawer or talar tilt testing, tenderness to palpation over her lateral malleolus and the ATFL, full strength L4-S1 myotomes.; This study is being ordered for trauma or injury.; 10/10/2020; There has been treatment or conservative therapy.; Pt is a very pleasant 56 years old Female with the above complaints. She sustained a same level fall on 10/10/20. X-rays of her left hand and ankle were obtained at an outside facility. Only the left hand and wrist x-rays are available for review today; Pt is a very pleasant 56 years old Female with the above complaints. She sustained a same level fall on 10/10/20. X-rays of her left hand and ankle were obtained at an outside facility. Only the left hand and wrist x-rays are available for review today; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Impression:Right brachial plexus palsy;This point I would like to obtain additional diagnostic information. Explained that it could be secondary to a mass effect of the brachial plexus so an MRI with and without contrast is warranted;;; ;Radiographs; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	pt has a mass in his humerus .; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Weakness; PT on shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI BILATERAL SHOULDER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	mri of the c-spine, and mri with contrast of the right shoulder E; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	small cyst in the superior lateral aspect of the articular segment. Minimal interruption of archway. Otherwise unremarkable. Right shoulder reveals slight interruption of archway without superior register. Acromioclavicular; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Exacerbation of pain in the neck, back and shoulders resulting in inability to raise or pull with the arms and numbness in her sleep led to an operative procedure on March 8, 2017 by Dr. Riley. The shoulder became frozen and she underwent a secondary procedure; She had some type of motor vehicle accident in the military. Her shoulder began hurting her in 2015. Exacerbation of pain 2 years later in the neck, back and shoulders resulting in inability to raise or pull with the arms and numbness in her sleep led 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has completed and failed a course of conservative treatment.; need to determine if surgery is needed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	13 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 arthroscopy is not scheduled in the next 4 weeks.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 not include exercise, prescription medication and follow-up office visits.; It is not known what type of medication the patient received.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	hand OCTR and CuTr, performed on 11/11/2020,;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; This study is being ordered for trauma or injury.; This is a 78 year old male who is s/p left hand OCTR and CuTr, performed on 11/11/2020,;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; There has been treatment or conservative therapy.; This is a 78 year old male who is s/p left hand OCTR and CuTr, performed on 11/11/2020,;he notes excellent sensation now in his left hand. He is having additional problems. He complains of substantial pain;soreness with his left shoulder and stiffness. ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	HPI: Lorrie presents to the clinic today for follow up on her left knee. She has bilateral knee pain, but left is worse than the right. She was previously scheduled for a left TKA in March but it was canceled d/t COVID-19, and she never rescheduled d/t ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	need ct for surgical planning for joint 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has some FAI, but now noticing patient may have evidence of miserable malalignment syndrome. Will compare studies to weight bearing and non-weight bearing scanograms to see if patient may benefit from osteotomy for re-alignment.; This study is being ordered for Congenital Anomaly.; 1990; There has been treatment or conservative therapy.; bilateral hip pain right-sided much worse than left; independent PT for piriformis syndrome; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; extreme pain when walking, knot on back of heel, tenderness; She has tried exercises and physical therapy in the past without relief. She has again tried walking boot which made her pain worse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; this is a 47-year-old female whose I denies any significant past medical history presenting here with for Follow-up of her right foot. We put her in a boot because she had new onset medial-sided foot pain along the medial malleolus and navicular. Th	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Bilateral Knees: She has bilateral patellofemoral crepitus, soft tissue swelling, and effusion. Lachman and AP drawer negative. She walks with a limp. She has severe tenderness of the medial and lateral joint line on the right and lateral joint line o; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/2020; There has been treatment or conservative therapy.; . She cannot stand, walk, bend, or use stairs effectively. She has severe night pain, which awakes her from sleep.; She has been taking Naprosyn prescribed by her PCP. She used ice, heat, and knee brace.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	MRI WITHOUT CONTRAST FOR BOTH KNEES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	PT IS STILL HAVING PAIN IN BOTH KNEES AND NEEDS MRI TO RULE OUT DIFFERENT ISSUES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	severe limitations: The functional limitations and restrictions are of such severity that activities can not be performed even at a sedentary level. X-ray show Bilateral Apophysitis/Osgood Schlatters. Osgood Schlatter disease is an overuse injury that cau; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; severe limitations: The functional limitations and restrictions are of such severity that activities can not be performed even at a sedentary level. Symptoms include medial sided pain, lateral sided pain, anterior pain, swelling, feelings of giving way, h; Patient took NSAIDS and did home 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	severe low back pain (lumbar MRI) and suspected medial meniscus tear of left knee (knee MRI); One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 for known dislocation.; The dislocation is reducible.; The dislocation has recurred.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 for foot pain.; The study is being ordered for acute pain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a neurological disorder.; Enter date of initial onset here - or0 Type In Unknown If No Info Given 06/06/2020; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; Protocol - Bilateral: Hip - bilateral MRI WO contrast IV (CPT: 73721);Indication: Trochanteric Bursitis, Bilateral - M70.62, M70.61;Medical Necessity: Chronic hip pain, suspect musculotendinous injury; plain films nondiagnostic;Other Medical Necessity; There has been treatment or conservative therapy.; giving away, aching, worsening, and weakness. Quality: aching, sharp, radiating, and pain.;Severity: Mild (1-3). Modifying factors: better with meds and worsens with activity. Timing: constant, throughout the day,;night, with walking, and with activity.; Previous treatment has included physical therapy and steroid injection,;which helped a little.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Since plain films do not reveal an obvious problem and because the symptoms have been present for three months, I think it is useful to obtain an MRI of both hips to see if this is a case of avascular necrosis to explain her symptoms or other unusual path; This study is 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 2020; There has not been any treatment or conservative therapy.; pain in both hips. The pain manifests in both groins and radiates down to the knees but not below her knees. It is worse at night, especially when she is lying flat. She gets some partial relief if she elevates the legs but still when lying flat it is just; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	7 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Orthopedics	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	pre op eval; chest pain; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; It is unknown if a trial of over the counter and or prescription medical therapy has been attempted/underway or ineffective; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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 None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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.; Enter answer here - or Type In Unknown If No Info Given. &gt;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	x-ray 7/30/2020 moderate severe degenerative change left hip ,left hip pain down leg went to ER cannot bare weight tenderness left hip in growing area positive palpation; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for tail bone pain or injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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.; pain for a long time; It 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Osteopath	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material	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 documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.; July 13, 2020; There has been treatment or conservative therapy.; dizziness and nausea; aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Supervision of high-risk pregnancy, unspecified trimester. Overview,PNC with Dr. Dajani in DM clinic;EFW 32 wks 70%, R UTD ;35w3d c/o new onset HAS, unable to remember why she is doing things, unable to drive; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; July 13, 2020; There has been treatment or conservative therapy.; dizziness and nausea; aspirin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; patient having fatigue/tiredness, Bone pain; patient has been doing Taxol and Chemotherapy along with Neulasta injections; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested 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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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).	2	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	incidental finding of lung mass on MRI shoulder-need dedicated CT chest for eval; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Last CT showed pulmonary nodules. This is the first CT to follow up for growth.; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Robertson was called today with results of CTA head and neck after having carotid Doppler on 2/10/2020 that showed right ICA occlusion with left ICA and 70%. CTA head and neck on 5/7/2020 shows right ICA is occluded with left ICA 65%. He still denies; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Patient is in need of follow up CT Lung from 12/11/19 CT that showed 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Referral lung nodule ;Ms. Chilcoat is a 60-year-old patient of Dean Bowman, MD and Calyse Roy, APRN who was referred for evaluation of a lung nodule. She has a past medical history significant chronic anxiety, insomnia, GERD, hypercholesterolemia, hypot; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Todd J Swanson is a pleasant 49 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. Mr. Swanson lives alone. He has known DM and tobacco use but is otherwise a healthy male. He comes in after having a CT chest on 12/11/19 that s; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	unknown; There has been treatment or conservative therapy.; Clinicals faxed.; Patient completed his chemotherapy treatments of Adiramycin/DTIC/Vinblastine.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy);	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	. 10/20/2020 patient reports increased HA symptoms since 10/17/2020, she reports that her insurance has not aproved the injections in her neck. She reports bilateral shoulder pain, she reports numbness and tingling from her neck to her bilateral hands, dec; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evidence of new foot drop.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; Multiple Sclerosis (MS) on a brain scan.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	faxing clinicals; This study is being ordered for trauma or injury.; 11/07/2020; There has been treatment or conservative therapy.; back pain; Physical Therapy;NSAID 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	faxing clinicals; This study is being ordered for trauma or injury.; 11/07/2020; There has been treatment or conservative therapy.; back pain; Physical Therapy;NSAID 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	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 seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; The patient has completed 6 weeks or more of Chiropractic care.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Clinicals faxed; Clinicals faxed; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no weakness or reflex abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Clinicals faxed; Clinicals faxed; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	N/A; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Neurological deficit(s)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Foot Drop is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal reflexes is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Diminished response to stimulus 1 extremity or both best describes the abnormality as documented	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute bladder or bowel dysfunction/ loss of control of bladder or bowels is documented; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Foot Drop is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; None of the above are documented.; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 2019; There has been treatment or conservative therapy.; weakness in arms and legs, numbness in legs; physical therapy, analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an orthopedist.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not from a recent injury, old injury, chronic pain or a mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	none; This study is being ordered for trauma or injury.; 12/08/2020; There has not been any treatment or conservative therapy.; Lower leg pain, hematoma, recent heart cath done-possible pseudo aneurysm, radiologist recommends 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2019; There has been treatment or conservative therapy.; The pt has pain, swelling, nerve pain, difficulty walking, unable to stand w/o assistance, walking w/cane, unable to work.; Been to many specialists & went to PT & the pt can't do it, stretching, heat & cold packs & nothing is working.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	tenderness; This study is being ordered for a neurological disorder.; 9/1/2020; There has been treatment or conservative therapy.; Pain in Knees; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Knee MRI.; 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 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 patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.; The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	Chronic LUQ pain - has been ongoing since his CABG, has had no abnormal findings on imaging before, reports he feels like its a little worse. Would like to explore this again.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	Diarrhea, N&V for 6 weeks, the last 2 weeks have been worse. Unable to eat; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; patient having fatigue/tiredness, Bone pain; patient has been doing Taxol and Chemotherapy along with Neulasta injections; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/19/2020; There has not been any treatment or conservative therapy.; The pt has lymphoma cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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; request to confirm suspicious intestinal mass suggested by physical exam; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; There has been treatment or conservative therapy.; Clinicals faxed.; Patient completed his chemotherapy treatments of Adiramycin/DTIC/Vinblastine.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	previous mri showed micro cysts and radicles, vascular anatomy not well defined on MRI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-20-2020; There has not been any treatment or conservative therapy.; gall bladder issues, bowel duct issues, liver anomaly, congenital atresia, biopsy should sclerosis, MRI being used to confirm what was shown on biopsy , gondolas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.; Surgery is not planned for within 30 days.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 NO suspicion of metastasis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Open wound on left foot, it is diabetic complicated by artery disease. pulses are weak and monophasic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX INFO; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX INFO; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 pharmacologic)	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 pharmacologic)	unknown; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Pt brother died of HCM.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.; There are new symptoms suggesting worsening of heart valve disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The murmur is grade III (3) or greater.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93312 Echocardiography, transthoracic, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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;	previous mri showed micro cysts and radicles, vascular anatomy not well defined on MRI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04-20-2020; There has not been any treatment or conservative therapy.; gall bladder issues, bowel duct issues, liver anomaly, congenital atresia, biopsy should sclerosis, MRI being used to confirm what was shown on biopsy , gondolas; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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.; The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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 other indications	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	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.; will fax clinicals; It is not known if there has been any treatment or conservative therapy.; will fax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; It has been 14 or more days since onset; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	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.; will fax clinicals; It is not known if there has been any treatment or conservative therapy.; will fax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed,	Radiology Services Denied Not Medically Necessary	Open wound on left foot, it is diabetic complicated by artery disease. pulses are weak and monophasic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Severe ear pain, hx of lipoma of left frontal scalp; This study is being ordered for a neurological disorder.; 10/01/20; There has been treatment or conservative therapy.; severe left ear pain, been to ER several times; antibiotics, zyrtec, fluticasone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed.; There has been treatment or conservative therapy.; Clinicals faxed.; Clinicals faxed.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Severe ear pain, hx of lipoma of left frontal scalp; This study is being ordered for a neurological disorder.; 10/01/20; There has been treatment or conservative therapy.; severe left ear pain, been to ER several times; antibiotics, zyrtec, fluticasone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 seizure disorder best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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; This request is for a Brain MRI; Headache 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.; None of the above best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/19/2020; There has not been any treatment or conservative therapy.; The pt has lymphoma cancer; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal diagnostic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chronic cough and shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; There has been treatment or conservative therapy.; Faxing clinicals; Faxing clinicals; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a traffic accident on 11/05/2020. Patient is sore and having neck spasms if patient turns neck a certain way; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a traffic accident on 11/05/2020. Patient is sore and having neck spasms if patient turns neck a certain way; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Rule out compression fractures.; This study is being ordered for trauma or injury.; 10/22/2020; There has been treatment or conservative therapy.; Pain throughout her back in the thoracic and lumbar areas and the muscles throughout her back.; Corset brace, Medrol Dose Pack and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a traffic accident on 11/05/2020. Patient is sore and having neck spasms if patient turns neck a certain way; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Rule out compression fractures.; This study is being ordered for trauma or injury.; 10/22/2020; There has been treatment or conservative therapy.; Pain throughout her back in the thoracic and lumbar areas and the muscles throughout her back.; Corset brace, Medrol Dose Pack and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; Document exam findings; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	Clinicals faxed.; There has been treatment or conservative therapy.; Clinicals faxed.; Clinicals faxed.; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 3-2020; There has been treatment or conservative therapy.; Shoulder and neck pain. Tingling and numbness. Instability and pain down the spine; Home therapy and been to a chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back. Pt. reports having R sided numbness from neck all the way down to her feet and also states that she has started having ; Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back; There has not been any treatment or conservative therapy;; Numbness in right arm, across shoulders all the way down to lower back.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of paresthesia evaluated by a neurologist	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is unknown if any of these apply to the patient	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new onset or changing radiculitis / radiculopathy	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; weakness in arms and legs, numbness in legs; physical therapy, analgesics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Last MRI of Lumbar was on 5/19/2017 noted mild bulging disc at L4/L5 with facet hypertrophy causing mild narrowing of bilateral neural foramina without spinal stenosis. Also facet hypertrophy at L5/S1 causing mild narrowing of bilateral neural foramina w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Need to see if there is any changes in the spine.; 2018; There has been treatment or conservative therapy.; Back pain; Patient has been to pain management for back pain.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back. Pt. reports having R sided numbness from neck all the way down to her feet and also states that she has started having ; Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back; There has not been any treatment or conservative therapy.; Numbness in right arm, across shoulders all the way down to lower back.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; Severe back pain and abnormal MRI from 2017 on same area.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has none of the above	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Last MRI of Lumbar was on 5/19/2017 noted mild bulging disc at L4/L5 with facet hypertrophy causing mild narrowing of bilateral neural foramina without spinal stenosis. Also facet hypertrophy at L5/S1 causing mild narrowing of bilateral neural foramina w; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	may 2019 Patient gave birth; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/29/2020; There has been treatment or conservative therapy.; low bp and hip; PT , anti-inflammatory's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Need to see if there is any changes in the spine.; 2018; There has been treatment or conservative therapy.; Back pain; Patient has been to pain management for back pain.; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back. Pt. reports having R sided numbness from neck all the way down to her feet and also states that she has started having ; Pt delivered c/s w/ hysterectomy on 10/07/2020. Pt. reports 6/10 aching, sore pain across shoulders all the way down to her lower back; There has not been any treatment or conservative therapy.; Numbness in right arm, across shoulders all the way down to lower back.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; It is unknown when the pain started	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is NOT greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being requested for Known or suspected tumor with or without metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2019; There has been treatment or conservative therapy.; Neuropathy in both legs. Chronic Rt shoulder pain, chronic LBP, and chronic Rt knee pain with radiculopathy.; Neuropathy in both legs that he feels is coming from his lower back. He has tried OTC medications and they have not been effective. He is taking gabapentin that seems to work best at this time. Denies adverse effects and would like a refill on this medica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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 arthritis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	may 2019 Patient gave birth; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/29/2020; There has been treatment or conservative therapy.; low bp and hip; PT , anti-inflammatory's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 3-2020; There has been treatment or conservative therapy.; Shoulder and neck pain. Tingling and numbness. Instability and pain down the spine; Home therapy and been to a chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2019; There has been treatment or conservative therapy.; Neuropathy in both legs. Chronic Rt shoulder pain, chronic LBP, and chronic Rt knee pain with radiculopathy.; Neuropathy in both legs that he feels is coming from his lower back. He has tried OTC medications and they have not been effective. He is taking gabapentin that seems to work best at this time. Denies adverse effects and would like a refill on this medica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2020; There has been treatment or conservative therapy.; Pain; Tramadol &amp; 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</p>	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>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 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 suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; 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.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 12/2019; There has been treatment or conservative therapy.; The pt has pain, swelling, nerve pain, difficulty walking, unable to stand w/o assistance, walking w/cane, unable to work.; Been to many specialists & went to PT & the pt can't do it, stretching, heat & cold packs & nothing is working.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2019; There has been treatment or conservative therapy.; Neuropathy in both legs. Chronic Rt shoulder pain, chronic LBP, and chronic Rt knee pain with radiculopathy.; Neuropathy in both legs that he feels is coming from his lower back. He has tried OTC medications and they have not been effective. He is taking gabapentin that seems to work best at this time. Denies adverse effects and would like a refill on this medica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Hx fx left tib-fib with ORIF per Dr Richardson March 2014. Developed blood clots post-op and was on blood thinners for some time. Not seeing Dr Richardson since last visit 9/2016 and no more injections. C/o constant pain in left ankle and LLE. At times so; This study is being ordered for trauma or injury.; 05/05/2019; There has been treatment or conservative therapy.; limited ROM, pain, tingling, numbness; Physical therapy and in home stretches 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	patient has completed 6 weeks of physical therapy and still has pain; This study is being ordered for trauma or injury.; April 2, 2020; There has been treatment or conservative therapy.; pain in lower back and both hips, positive straight leg raise on both sides, pain shoots up and down her legs, gait problem, coordination problem; Physical therapy, analgesics, nsaid, 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed,	Radiology Services Denied Not Medically Necessary	Open wound on left foot, it is diabetic complicated by artery disease. pulses are weak and monophasic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; There has been treatment or conservative therapy.; Faxing clinicals; Faxing clinicals; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	Decrease SF on Echo with history of iron overload; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	HTN, HLD, Mild-Moderate AR, Mild-Moderate MR, Mild-Moderate TR; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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).; Other than listed above best describes the patients clinical presentation.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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 study is requested for known or suspected valve disorders.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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.; This study is being ordered for none of the above or don't know.; It is unknown if the murmur is described as grade 3/6 or greater; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation ; The study is being ordered for Evaluation of a Murmur	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	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 Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Other	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 Vascular Disease.; 01. Body mass index (BMI) 60.0-69.9, adult;02. Secondary hypertension, unspecified;03. Chest pain in adult;04. SOB (shortness of breath);05. Palpitation;1. Chest pain; will schedule pharm MPI and echo for further evaluation. ;2. Palpitations; check ; There has been treatment or conservative therapy.; cp; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	23 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast	cancer surveillance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	fiberoptic laryngoscopy done in office today. she does have a few very small polyps, also right nasopharynx has a bumpy area adjacent to the eustachian tube torus which while not obviously neoplastic is different. larynx and hypopharynx are clear. no mass; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	He has a past medical history of COPD (chronic obstructive pulmonary disease) (HCC), GERD (gastroesophageal reflux disease), Hypertension, Nasal mass (2/13/2019), Skin cancer, Smoker (2/19/2019), and Squamous cell carcinoma of base of tongue (HCC) (9/5/2; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; Surgery will NOT occur in the next 30 days	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 BBI.; The orderings MDs specialty is Otolaryngology; Surgery will occur in the next 30 days	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 RadMD.; Cannot agree/affirm; The orderings MDs specialty is Otolaryngology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; 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)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	25 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 time since onset is unknown; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 ; 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)	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	cancer surveillance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Completed adjuvant chemoradiation at end of June 2020.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Large tumor right oral tongue biopsy pending stage; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Lymphadenopathy of head and neck left sided; This study is being ordered for Inflammatory/ Infectious Disease.; Lymphadenopathy of head and neck left sided; There has been treatment or conservative therapy.; Lymphadenopathy of head and neck left sided; Lymphadenopathy of head and neck left sided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Positive biopsy for squamous cell carcinoma, screening for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	She was referred to PT for the Epley maneuver. Here today because during PT she had some "weird" symptoms concerning for posterior circulation occlusion. She has noticed when she turns her head to the left it causes dizziness. The left ear is the ear that; This study is being ordered for a neurological disorder.; November 9 2020; There has been treatment or conservative therapy.; She was referred to PT for the Epley maneuver. Here today because during PT she had some "weird" symptoms concerning for posterior circulation occlusion. She has noticed when she turns her head to the left it causes dizziness. The left ear is the ear that; Pt on 7.13.2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Hearing Loss, Pt can hear heartbeat in ears, worse on the left. Will go away if she pushes on carotid artery or turns her head in a certain way.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	She was referred to PT for the Epley maneuver. Here today because during PT she had some "weird" symptoms concerning for posterior circulation occlusion. She has noticed when she turns her head to the left it causes dizziness. The left ear is the ear that; This study is being ordered for a neurological disorder.; November 9 2020; There has been treatment or conservative therapy.; She was referred to PT for the Epley maneuver. Here today because during PT she had some "weird" symptoms concerning for posterior circulation occlusion. She has noticed when she turns her head to the left it causes dizziness. The left ear is the ear that; Pt on 7.13.2020; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Hearing Loss, Pt can hear heartbeat in ears, worse on the left. Will go away if she pushes on carotid artery or turns her head in a certain way.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/27/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given None; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	History of present illness: Patient is here for follow-up with subjective right pulsatile tenderness for the last 4 to 5 months. MRI of the internal auditory canal was normal with no evidence of acoustic neuroma with evidence of type II vascular loop on ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	History of present illness: Patient is here for follow-up with subjective right pulsatile tenderness for the last 4 to 5 months. MRI of the internal auditory canal was normal with no evidence of acoustic neuroma with evidence of type II vascular loop on ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	68 yo female who comes in with unsteadiness and falling. Present for the past 2-3 years but getting worse. She doesn't describe this as vertigo. It usually occurs with movement but not always. It never affects her hearing. She does have bilateral tinnitus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Addition info given on previous page; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	He says he has been dizzy for the past 2 months and is staying the same. His last dizzy episode was last Friday. He describes the episode as off balance and the episode last up to 24 hours on and off throughout the day. He does not have any roaring or r; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient has sinus CT which sound mass within the left nasal cavity bony covering.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Sinusitis has been treated with no improvement of loss of smell.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	14 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor; A biopsy has been completed to determine tumor tissue type.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Completed adjuvant chemoradiation at end of June 2020.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Lymphadenopathy of head and neck left sided; This study is being ordered for Inflammatory/ Infectious Disease.; Lymphadenopathy of head and neck left sided; There has been treatment or conservative therapy.; Lymphadenopathy of head and neck left sided; Lymphadenopathy of head and neck left sided; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Positive biopsy for squamous cell carcinoma, screening for cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	will fax; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Congenital malformation, musculoskeletal system ;left upper extremity venolymphatic malformation; Is this a request for one of the following? MR Angiogram Upper Extremity	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	He has a past medical history of COPD (chronic obstructive pulmonary disease) (HCC), GERD (gastroesophageal reflux disease), Hypertension, Nasal mass (2/13/2019), Skin cancer, Smoker (2/19/2019), and Squamous cell carcinoma of base of tongue (HCC) (9/5/2; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary	Head/neck cancer, staging; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	he's a rescue diver so he can't have tubes. previous CT shows, large posterior septal spur on left side, maxillary thickening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Issue has been going on for years appointment on 08/03/2020; There has been treatment or conservative therapy.; ear pain, can't have tube placed, stuffy, nose, watery eyes, enlarged tonsils allergic symptoms, chronic ear infections, pressure when going uphill; Flonase, Claritin, nasal wash, antihistamines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; 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)	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/27/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given None; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	he's a rescue diver so he can't have tubes. previous CT shows, large posterior septal spur on left side, maxillary thickening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Issue has been going on for years appointment on 08/03/2020; There has been treatment or conservative therapy.; ear pain, can't have tube placed, stuffy, nose, watery eyes, enlarged tonsils allergic symptoms, chronic ear infections, pressure when going uphill; Flonase, Claritin, nasal wash, antihistamines; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Neck mass, recurrent thyroid cancer that metastasis from thyroid cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Head/neck cancer, staging; 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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRA of head and neck to rule out vascular malformation, aneurysm.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRA of head and neck to rule out vascular malformation, aneurysm.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Large tumor right oral tongue biopsy pending stage; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Neck mass, recurrent thyroid cancer that metastasis from thyroid cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	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	Chest: Breath sounds clear. Sternotomy scar present with erythema. Tender to palpation in midline and extending leftward inferior to the breast; This study is being ordered for Vascular Disease.; Congenital malformation, musculoskeletal system ;left upper extremity venolymphatic malformation; There has been treatment or conservative therapy.; Had been doing well on sirolimus but now with worsening intermittent left chest pain.; She has undergone multiple procedures, including sternotomy and thoracotomy for resection of the thoracic portion, axillary resections, and multiple hand surgeries. Her most recent excision was a superficial axillary lymph node dissection in May 2017 with; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chest: Breath sounds clear. Sternotomy scar present with erythema. Tender to palpation in midline and extending leftward inferior to the breast; This study is being ordered for Vascular Disease.; Congenital malformation, musculoskeletal system ;left upper extremity venolymphatic malformation; There has been treatment or conservative therapy.; Had been doing well on sirolimus but now with worsening intermittent left chest pain.; She has undergone multiple procedures, including sternotomy and thoracotomy for resection of the thoracic portion, axillary resections, and multiple hand surgeries. Her most recent excision was a superficial axillary lymph node dissection in May 2017 with; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Otolaryngology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; lymphatic venous malformation with extensive involvement of the left upper extremity continues to have difficulty with her right hand. She has developed pins and needle sensation and may have recurrent carpal tunnel syndrome based on examination today. ; Multiple laser treatments;Excision debulking vascular malformation left forearm (04/08/2010 Nicholas);Excision and a bulking left axillary soft tissue mass (12/09/2010 Jackson);Medial sternotomy for resection intrathoracic venous malformation (07/12; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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 being requested for Thyroid Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pathology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological exam assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pathology	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatric Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		NF1: Optic glioma study; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		NF1: Optic glioma study; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She had an MRI of the brain in October of 2016 that showed multiple subependymal nodules and repeat imaging in July of 2018 showed clear enlargement of these tumors but no evidence of hydrocephalus.; This study is being ordered for Congenital Anomaly.; 8/21/18; There has been treatment or conservative therapy.; with tuberous sclerosis who had enlarging SEGAs; started on everolimus therapy on 9/17/18.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; New onset within the past month describes the headache's character.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	stated she will fax clinical; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	stated she will fax clinical; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	She had an MRI of the brain in October of 2016 that showed multiple subependymal nodules and repeat imaging in July of 2018 showed clear enlargement of these tumors but no evidence of hydrocephalus.; This study is being ordered for Congenital Anomaly.; 8/21/18; There has been treatment or conservative therapy.; with tuberous sclerosis who had enlarging SEGAs; started on everolimus therapy on 9/17/18.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	stated she will fax clinical; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; The anticipated number of visits is other than 2.; OSWESTRY DISABILITY INDEX; 38%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; FOTO; 29; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; FOTO; 29; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 11/25/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; Upper extremity quick dash; 34/100; 34/100; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; in house evaluation; Mobility 50%; Changing Position 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; in house evaluation; Mobility 45%;Changing & Maintaining Positions 65%;Carrying, moving and handling objects 45%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; FOTO; 52; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2020; L3-L4 and L4-L5 decompressive laminectomy; Post Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; OSWESTRY DISABILITY INDEX; 20%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 48; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/31/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; FOTO; 40; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 32%; Oswestry; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; FOTO; 40; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; UEF1; 36/100; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2020; LEFT SHOULDER ARTHROSCOPY ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE EXCISION, BICEPS TENODESIS; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; PHYSICAL THERAPY INITIAL EXAMINATION; UNKNOWN; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/01/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; in house evaluation; Mobility 55%;Changing and Maintaining Body Positions 45%;Carrying, Moving and Handling Objects 35%;Self-Care 65%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2020; Total knee arthroplasty; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 25; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/04/2020; Right hip arthroplasty; Post-Op; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; in house evaluation; in house eval; Mobility 60%;Changing and Maintaining Body Positions 60%;Carrying and moving 50%;Self Care 70%; Mobility 60%;Changing, Maintaining Body Position 60%;Carrying, Moving and Handling objects 50%;Self Care 70%; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 11/18/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; Foto Foot/Ankle; 36% Functional; The anticipated number of visits is other than 2.; Three or more visits anticipated; Foto Knee and Foto foot/ankle; 34% Functional; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; FOTO; 49; Therapy type is Rehabilitative; FOTO; 49; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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 Rhythm abnormalities	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 121 of 300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PFDI; 17/300; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,	Radiology Services Denied Not Medically Necessary	06/02/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pediatrics	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Radiology Services Denied Not Medically Necessary	12/04/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; ; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Occupational Therapy was requested; The evaluation date is not in the future; Occupational Therapy was requested; The Member is 10 years old or older.; Other/none of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	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.; Right L5 radiculopathy - with diffuse breakaway weakness in her right leg on exam. She was unable to flex hip, extend knee, or dorsiflex her ankle against gravity; this does not localize to a particular myotome, and technically this shouldn't be possible ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Acute gait abnormality is documented; The documented finding is NOT new or worsening; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 12/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; optimal; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The requesting provider is other than Physical Therapy or Occupational Therapy; optimal; unknown; The patient was previously independent with mobility and now requires human assistance and/or	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 10/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Leff; 75%; The anticipated number of visits is other than 2.; Non-Surgical; Leff; 61.25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 11/13/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy Source; 75%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 75%; Therapy Source; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 10/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Optimal; 60; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 60; Optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th;	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 10/20/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal; 60; Non-Surgical; The anticipated number of visits is other than 2.; 60; Optimal; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/11/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Optimal Instrument; 75%; Non-Surgical; The anticipated number of visits is other than 2.; 75%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 10/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; uEFI; Enter name of tool here Enter score here Enter score here Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; 10/05/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Optimal Instrument; 25%; Therapy type is Rehabilitative; 25%; Optimal Instrument; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; unknown; n/a; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/19/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/20/2020; Right Total Hip; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; PT; 250%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; FOTO; 43% impairment; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Optimal Instrument; 25%; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; adl; 50; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; oswestry; 48%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; none; none; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; Optimal; 25%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ODI; 22%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; ; 50/100; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/25/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 50%; Optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/03/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; 52%; indiana; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Enter score here Enter name of tool here The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; lefts; 55; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 25%; Optimal; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/05/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/11/2020; ; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; ; ; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Fracture was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; n/a; na; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Photo; 44%; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes;	Requestor is a fax; Physical Therapy	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/19/2020; R Total Joint Replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; FOTO; 80% dysfunctional 20% functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/23/2020; Total knee replacement; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Photo; 59%; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2020; left knee microtibral micro fusion; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Enter name of tool here Enter score here The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/14/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2020; acl reconstruction; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; lefs; 60; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/19/2020; Arthroscopic ACL repair; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; LEFS; 65; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/10/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; EXERCISE; UNKNOWN; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/02/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/23/2020; trimalleolar fracture of the right ankle.; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Optimal; 50%; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; n/a; n/a; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2020; left lumpectomy, with a left biopsy; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Occupational Therapy was requested	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 11/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/30/2020; Pt is a 53 yo R hand dominant female who presents s/p R LF;neuroplasty of radial and ulnar digital nerves and debridement of necrotic skin on 10-27-20. Pt fell from ladder and got her ring caught,causing her R LF to partially deglove on 9-30-20.; Post-Op; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; none; unknown; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/28/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-17-2020; rotator cuff repair; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Upper extremity quick dash; 56.82; Post-Op; The anticipated number of visits is other than 2.; 56.82; Upper extremity quick dash; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/24/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2020; CNC arthroplasty; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; labl; 50; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/21/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; 60/80, 90/wnl; home therapy; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/08/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; optimal; 50%; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; foto; 54%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; optimal; 50%; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,		Requestor is a fax; Occupational Therapy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 2018; There has been treatment or conservative therapy.; He has continued have chronic axial/nonradicular neck pain since that time, and presents with several weeks of acute exacerbation and new mid to lower right sided thoracic pain with thoracic radicular symptoms around the chest wall, aggravated with stand; cervical spine and pharyngeal exploratory surgeries, 6 week course of antibiotics, given his atypical and medically complex history, his presentation is concerning for malignant or infectious process as he reports similar onset of his neck symptoms as in ; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 2018; There has been treatment or conservative therapy.; He has continued have chronic axial/nonradicular neck pain since that time, and presents with several weeks of acute exacerbation and new mid to lower right sided thoracic pain with thoracic radicular symptoms around the chest wall, aggravated with stand; cervical spine and pharyngeal exploratory surgeries, 6 week course of antibiotics, given his atypical and medically complex history, his presentation is concerning for malignant or infectious process as he reports similar onset of his neck symptoms as in ; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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 15 mg tablet; The patient has completed 6 weeks or more of Chiropractic care.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical 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.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical 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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical 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 6 weeks of completed conservative care in the past 6 months	6 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	08/31/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/23/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/24/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/28/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12/16/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12/17/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Functional Outcomes; n/a; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/29/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; ; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Unknown; Unknown; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes;	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Physical Therapy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,	Radiology Services Denied Not Medically Necessary	07/14/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,	Radiology Services Denied Not Medically Necessary	11/13/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,	Radiology Services Denied Not Medically Necessary	12/29/2020; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Occupational Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands,	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Occupational Therapy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; 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; There has been treatment or conservative therapy.; asemetric bite jaw pain; braces; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic 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 case was created via BBI.; This case was created via BBI.; None of the above are documented.; This study is being requested for Neurologic deficits; Imaging is NOT being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		.Recurrent pilonidal cyst dz, need to assess extent, surgery 10/12; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Plastic Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; asemetric bite jaw pain; braces; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		numbness in lower left leg and cramping in toes; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is being ordered for trauma or injury.; 6/1/20; There has been treatment or conservative therapy.; PAIN; 6/1/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 09/01/2020; There has been treatment or conservative therapy.; pain in heel and ankle swelling; ice anti inflammatory elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Enter answer here - or Type In Unknown If No Info Posterior tibial tendinitis, right leg   M76821 Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a suspected tarsal coalition.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; It is not known if surgery is planned for in the next 4 weeks.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 not planned for in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 pre op.; Surgery is planned for within 30 days.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known dislocation.; It is unknown if the dislocation is reducible.; The dislocation has NOT recurred.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 immobilization for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 anti-inflammatory medication for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a reason other than ankle pain.; The member has a recent injury.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a reason other than ankle pain.; The study is for post operative evaluation.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study is requested for ankle pain.; It is unknown if 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.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),		Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT EXPERIENCES LOW BACK PAIN, BUT THE MORE CONCERNING DIAGNOSIS IS THE UNEXPLAINED NUMBNESS PRESENT IN BOTH LOWER EXTREMITIES.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 trauma or injury.; 6/1/20; There has been treatment or conservative therapy.; PAIN; 6/1/20; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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.; both ankle pain; This is a request for a bilateral ankle MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.; BOTH ANKLES ARE BEING AFFECTED. MRI IS NEEDED TO DETERMINE SEVERITY AND NEED FOR SURGERY. MRI IS ALSO NEEDED TO DETERMINE FURTHER TREATMENT OF THIS PATIENT DEPENDING ON CONDITION SHOWN IN IMAGING.; This is a request for a bilateral ankle MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.;; This is a request for a bilateral ankle MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; ANKLE PAIN, RIGHT (ICD-719.47) (ICD10-M25.571);SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER (ICD-845.09) (ICD10-S93.491A);Plantar fasciitis, right (ICD-728.71) (ICD10-M72.2);Toe pain, left (ICD-729.5) (ICD10-M79.675);Toe pain, right (ICD	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; BILATERAL FOOT PAIN	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; patient has SEVERE pain in BOTH feet that has not been resolved with multiple conservative treatments including corticosteroid injections	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 09/01/2020; There has been treatment or conservative therapy.; pain in heel and ankle swelling; ice anti inflammatory elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	TENOSYNOVITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known fracture.; The study is being ordered for routine follow up.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	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 not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Podiatry	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Preventive 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast		Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is being ordered by a Cardiologist.; Don't know 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	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 6 weeks of completed conservative care in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	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.; This study is being ordered for evaluation of congenital heart disease.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Psychiatry	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	REQUIRED);: moderate persistent asthma, allergic rhinitis, chronic fatigue;Duration of Symptoms: 1-2 years;Start:;Physical Exam Findings:;Preliminary Procedures Already Completed:;Scoped Procedures / Referrals:;Other:;Medications:;Duration of Med; 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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 unknown.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; 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 ; Yes this is a request for a Diagnostic CT ; Continued; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); This is NOT a request 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	25 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	1.5 cent. mass was found on pt 07/31/2020; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	2 dominate non calcified nodules on pet scan reccomends 3 to 6 month follow up 5mm nodule for surveillance.; 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	2 week follow up of shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	8/4/2020; There has not been any treatment or conservative therapy.; lung masses, abdominal nodules show metabolic activity. Had weight loss over 20 lbs, swelling and cough, chest pains; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	31 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal PFT with moderate restrictions, Increased shortness of breath and Mild Hyperexpansion on chest xray in August; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Assessments;1. Cough - R05 (Primary);2. Tuberculosis - A15.9;3. Pulmonary hypertension - I27.20;4. Lupus - M32.9;Mrs. Mian is a pleasant 60-year-old woman who is seen for 6-month follow-up. Her;cough is improved. Her pleural ef;fusion is better aft; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	chest x-ray on 10/27 non diagnostic. pt has been in a free pulmonary screening and recently had noted ground glass opacities noted. This Ct is needed to evaluate the abnormal screening ct for the ground glass opacities that where seen. needs further evalu; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CHEST XRAY SHOWS VOLUME LOSS ON THE LEFT SIDE WITH SOME MEDIASTINAL SHIFT TO THE LEFT CARDIOMEGALY IS PRESENT BILATERAL PLEURAL THICKENING IS NOTED WITH AN INDISTINCT COSTOPHRENIC ANGLE BILATERALLY LEFT DIAGONAL FRAM IS INDISTINCT AS IS THE LEFT HEART BOR; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinical Information;HX/DX ;(REQUIRED);: pt has lupus and pulmonary fibrosis on methotrexate;Duration of Symptoms;:Start: 8/27/20;Physical Exam Findings;:Preliminary Procedures Already Completed;:Scoped Procedures / Referrals;:Other;:Medications; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals faxed; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	consolidation lung, pleuritic chest pain, abnormal ekg and pt has frequent pneumonia; There is no 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.; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT is for evaluation of cough and mediastinal adenopathy given pt's previous history of squamous cell cancer of the head and neck, including tonsils.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT is requested for atelectasis. Patient has past medical history of lung abscess and bilateral pulmonary embolisms. Patient reports uncontrolled dyspnea on exertion.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CXR showed small to moderate right sided pleural effusion that was tracking up. Patient was seen in my office and reported worsening shortness of breath and chest pain. Patient needing further evaluation with CT chest scan to order proper treatment.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	DATE OF SERVICE:11/19/2019;PATIENT ID#:1525725;;PROCEDURE(S): CT CHEST WO;;CHEST CT WITHOUT CONTRAST: Technique: 3 mm thick contiguous axial CT images were obtained from the lung apices to the lung bases without the use of intravenous contrast. Co; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being ordered for screening of lung cancer.; The patient is 81 years old or older.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	f/u for solitary pulmonary nodule seen on 05/2020 Chest CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	HX/DX ;(REQUIRED);; ;I have reviewed clinic records indicating a history of obesity, anxiety disorder;;hypertension, mild persistent asthma, lumbar degenerative disc disease, solitary pulmonary nodule. I have;personally reviewed his CT pulmonary angi; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Impression: 1. There has been interval resolution of an 8.2 mm nodule in the right upper lobe. 2. There is a stable 7.5 mm spiculated nodular density in the right upper lobe. 3. There is a new 6.1 mm nodule adjacent to a vessel in the right lower lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	IMPRESSION: Development of a few small parenchymal nodules and scattered groundglass densities measuring up to 4 mm in diameter. Lung rads category 3. Recommend follow-up screening examination in 6 months.; ;THEO HRONAS, MD; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule seen on CT of the ABD on 08/20/2020. We need a CT of the chest 3 months after to evaluate. Patient is scheduled on 12/21/2020; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung screening done on 11/18/20 which is abnormal.; There has not been any treatment or conservative therapy.; CT showing multiple nodules which are new--suspect for neoplasm from a remote site; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	MONITOR UIP; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Nodular area along the L suprahilar region needs short-term surveillance. This is a 6-week follow-up scan to check for resolution or progression.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Noncalcified bibasilar lung nodules measure up to 8 mm in the right;middle lobe. By Fleischner criteria, recommend follow-up CT in 3-6;months.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient has 8 mm nodule eval needed due to size; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule this is a followup CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has COPD; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has pulmonary nodules this is a followup; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has scarring in lungs and 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Patient having shortness of breath that has progressively worsened, he has been coughing up blood for the last couple of days, 91 pack year smoker - 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 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt dx with sarcoidosis pt is on chronic use of systemic steroids. decreased medrol to 16 mg. daily.; There has been treatment or conservative therapy.; sarcoidosis, nausea, abd pain, skin eruptions. symptoms are related to adreanal insufficiency.; er put pt on methylprednisolone 20 mg daily.symptoms improved but not resolved. Pt went to office visit and is now down to taking 16mg methylprednisolone. possible adrenal insufficiency.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT had CXR in office which showed nodularities as well as worsening interstitial infiltrates at the bases. PFT shows significant restriction. Pt has had some SOB after a pneumonia diagnosis last 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT HAD PREVIOUS PNEUMONIA. PT HAS A MODERATE RESTRICTIVE ABNORMALITY ON PFT; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has a known pulmonary mass monitoring the mass make sure it as not gotten bigger and to make sure no other mass has grown; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has a pulmonary nodule in the R lung. This is a yearly surveillance scan. Pt is under age for LDCT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has an increase in cough with prior hx of 1 cm nodule noted in 2017. pt currently uses nicotine and has not followed up with this nodule. HIS IS REQUESTED TO FU OF ABN XRAY ON 11/24/2020.; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt has had chest xrays done that were normal in the past but ct scans have showed abnormalities. need to compare ct scans to see if the patients issues are resolving or worsening at this point.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has known nodule w/ c/o worsening SOB; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT IS A CURRENT SMOKER WITH ASTHMA AND A LUNG NODULE NOTED ON PREVIOUS CT. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT IS FORMER SMOKER WITH COPD AND COUGH, WHO HAS PROGRESSIVELY WORSENING DYSPNEA NEEDING EVALUTAION OF LUNGS. HE ALSO HAS OCCUPATIONAL EXPOSURE TO CHEMICALS, FUMES, AND TOXINS AS A CONSTRUCTION WORKER.; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pt is needing a 6 month follow up for treatment plans that could include a pet scan or biopsy.; "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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary arteriovenous malformation; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary sarcoidosis, cystic lung lesion; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Rule out Interstitial disease and fibrosis because of abnormal PFT showing restrictions; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	She does have a long history of episodic dyspnea with exertion. Triggered by scents, perfumes, smoking. She did not have any breathing problems as a child. Family history of COPD on maternal side including mom and grandma and both grandparents. They a; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Shortness of breath, (patient has been having increased breathlessness with exertion within the last 4 months not associated with wheezing), abnormal chest Ct in past; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Surveillance after Covid 19; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient appears to have some chronic lower lobe interstitial changes are suggestive of postinflammatory pulmonary fibrosis and the left lower lobe opacity appears chronic. This looks like rounded atelectasis. He also has hyperinflation goes along w/; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	5 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has COPD, Abnormal Chest XRAY, PAD, SOB, Atrial Tachycardia; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is 4 days passed the 30 day chest mass question. chest mass on ct pulmonary screen dated 10/14/2020 could this count for us?; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a followup CT. Previous findings: There is stable 15 mm irregular nodular opacity at the;right apex which would favor scar over a neoplastic process. There is a;New 1.3 cm irregular pulmonary nodule within the right upper lobe image;23 series ; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	yearly follow up 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	8/4/2020; There has not been any treatment or conservative therapy.; lung masses, abdominal nodules show metabolic activity. Had weight loss over 20 lbs, swelling and cough, chest pains; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Lung screening done on 11/18/20 which is abnormal.; There has not been any treatment or conservative therapy.; CT showing multiple nodules which are new--suspect for neoplasm from a remote site; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	pt dx with sarcoidosis pt is on chronic use of systemic steroids. decreased medrol to 16 mg. daily.; There has been treatment or conservative therapy.; sarcoidosis, nausea, abd pain, skin eruptions. symptoms are related to adreanal insufficiency.; er put pt on methylprednisolone 20 mg daily.symptoms improved but not resolved. Pt went to office visit and is now down to taking 16mg methylprednisolone. possible adrenal insufficiency.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, when performed); single study, at rest or stress (exercise or pharmacologic)	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has not been any treatment or conservative therapy.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2020; There has been treatment or conservative therapy.; history of COPD, underlying lung condition, hypertension; multiple inhaler's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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 patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	seen one time in 11/17/2020 57 yr old COPD 5yrs ago ,advir did not help on steroids panic attacks complain cough dry running nose short of breath weight loss 30lb a year fever chills current smoker using Chantix; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	16 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1. Right middle lobe nodular density- stable for 6 mo According to Fleischner criteria follow-up in 6 months recommended. 2. Mild atelectasis right upper lobe and right middle lobe. 3. Mild bronchitis. 4. Adrenal gland adenomas- stable. 5. Thickening of the wall; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal PET; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	bronchiectasis was shown on ab/pelvis CT from 2016 need chest ct to evaluate extent of bronchiectasis; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2020; There has not been any treatment or conservative therapy.; difficulty sleeping, cough, short 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2020; There has been treatment or conservative therapy.; history of COPD, underlying lung condition, hypertension; multiple inhaler's; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Ms. Valerie Gannaway is a 43 year-old woman with shortness of breath upon exertion and with a finding of mediastinal and hilar lymphadenopathy suggestive of possible sarcoidosis. Other possibilities would be in; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has Asthma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has mediastinal adenopathy; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has single noncalcified 6mm nodule in right middle lobe and has been experiencing increased dyspnea and cough.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient is having shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Prev CT report from 2017 states;;Scattered small bilateral lung nodules measuring up to 5 mm in size of;doubtful significance. Noncalcified pulmonary nodules measuring up to 5 mm;warrant follow-up noncontrast chest CT in 12 months in a patient at low; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has hx of COPD and Interstitial lung disease. Last imaging was in January of 2020. Pt has increased SOB and SOB on exertion as well as a productive cough. Pt needs imaging to determine course of treatment.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT persistent cough for over a year, R/O bronchiectasis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pulmonary Nodule increased in size noted on CT done in Jan. 2020, repeat CT in Nov. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness or breath, fatigue, weezeing, unable to walk with getting short 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Study ;(REQUIRED);: Monitor Mediastinal Adenopathy noted on CT Chest 11/05/18 for worsening adenopathy that;could indicated infection or cancer; Comparison study: 11/5/2018 Findings: The tracheobronchial tree is patent. There is no pleural effusion.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient had a shoulder CT completed and a nodule on the lung was noticed during that CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed,	Radiology Services Denied Not Medically Necessary	Bronchiectasis, uncomplicated; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary 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 another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Enter answer here - or Type In Unknown If No Info Given. This study is 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.; difficulty sleeping, cough, short 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Pulmonary Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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 Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is no recurrence or metastasis.; "The patient has had a recent course of chemotherapy, radiation therapy, or been treated surgically within the last two years."; There are not new or changing lymph nodes.; This study is being requested for known or suspected brain tumor, mass or cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation 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 Radiation Oncology	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	: I had a chance to review the images online, via CARTI ZDA. There are no significant vasogenic edema associated with any lesions in the brain. The patient is asymptomatic. Considering the short interval from the completion of PCI and identification of; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 month follow up, Pt has history of brain tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	diagnosed with extensive stage small cell lung carcinoma with lesions in the brain suspicious for metastasis at the first part of this year.;;Treated with whole brain irradiation. He has been treated with chemotherapy and done well.;;Most recent CT of; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Surveillance after treatment; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	18 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Patient had her last Chest CT performed on 11/26/2019.; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	I will require an MRI before treatment planning to further evaluate the primary lesion, but most of all the left groin area.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient has prostate and is going to start radiation.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Rectal cancer, staging, locoregional ;Neoplasm: colorectal ;Rectal cancer s/p ChemoRT; Restaging for surgical planning; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	SpaceOAR placement and radiation treatment; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	the indication is to assess for bladder and rectal invasion for potential brachytherapy; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;" Liver mets, presurgical assessment ;BIOPSY PROVEN LIVER MET FROM LUNG; RADIATION PLANNING FOR SBRT TO LIVER MET	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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 Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy);	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 Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	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 does not have any of the above listed items	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	EVALUATE TUMOR/PLANNING FOR RADIATION; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	SpaceOAR placement and radiation treatment; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	74150 Computed tomography, abdomen; 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 Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation 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 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 Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast		Yes, this is a request for CT Angiography of the brain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		Acute cerebral venous sinus thrombosis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	One year follow up for aneurysm surgery; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Radiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Radiology	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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&gt;FAX CLINICALS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This case was created via BBI.; This case was created via BBI.; It is unknown when the pain started; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; will fax; It is not known if there has been any treatment or conservative therapy.; will fax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	will fax; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; will fax; It is not known if there has been any treatment or conservative therapy.; will fax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		11/30/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/24/2020; ACL reconstruction; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation related to a diagnosis of cancer.; Three or More Visits Anticipated; Physical Therapy was requested	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 12/15/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; Enter name of tool here 40-80; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; phalen test; 48-80; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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.; This case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	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.; This study is being requested for None of the above; This case was created via BBI.; This case was created via BBI.; Imaging is NOT being requested for low back pain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rehabilitations	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/22/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Enter name of tool here Enter score here Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Reproductive Endocrinology	Approval	73700 Computed tomography, lower extremity; without contrast material	unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal findings on diagnostic imaging of body structures; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient in clinic to establish care. Patient reports that he thinks he may have RA. Patient reports a family history of RA. Patient reports neck pain, migraines, collar bones, hips, wrist, fingers, ankles. Swelling reported to joint as well. Patient report; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2020; There has been treatment or conservative therapy.; polyarthralgias; meloxicam and duloxetine for pain for the last 6mo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Post opt; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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 as a Pre-operative evaluation	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Low 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 tail bone pain or injury.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient in clinic to establish care. Patient reports that he thinks he may have RA. Patient reports a family history of RA. Patient reports neck pain, migraines, collar bones, hips, wrist, fingers, ankles. Swelling reported to joint as well. Patient report; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/1/2020; There has been treatment or conservative therapy.; polyarthralgias; meloxicam and duloxetine for pain for the last 6mo; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	sacroiliitis, decreased ROM; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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 bilateral hip avascular necrosis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for Inflammatory/ Infectious Disease.; JUNE 2017; There has been treatment or conservative therapy.; STIFFNESS AND LOSS OF RANGE OF MOTION; STEROID AND ANTIINFLAMMATORY PRESCRIPTION MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Given history of synovitis on previous MRIs of the hands and concern for MCP swelling on physical exam, MRI bilateral hands w/wo contrast ordered for further evaluation to rule out subclinical disease activity (I.e. - synovitis).; This study is being ordered for Inflammatory/ Infectious Disease.; 08/24/2015; There has been treatment or conservative therapy.; Chronic changes of hands and feet including subluxation of MCPs with radial deviation of fingers, scattered swan neck deformities of fingers, and hammertoes of bilateral feet. No joint tenderness or pain with ROM, but there is questionable diffuse swelli; Orenca 125mg SQ weekly; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Systemic scleroderma Mass in laft upper quadrant , long term biologics; This study is being ordered for Vascular Disease.; 10/2017; There has been treatment or conservative therapy.; Systemic scleroderma Mass in laft upper quadrant , long term biologics; Previously-Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	juvenile rheumatoid arthritis and scleroderma; This study is being ordered for Vascular Disease.; 10/04/2017; There has been treatment or conservative therapy.; juvenile rheumatoid arthritis and scleroderma; Previously -Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Office notes to be uploaded.; Office notes to be uploaded.; There has been treatment or conservative therapy.; Office notes to be uploaded.; Office notes to be uploaded.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Office notes to be uploaded.; Office notes to be uploaded.; There has been treatment or conservative therapy.; Office notes to be uploaded.; Office notes to be uploaded.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Systemic scleroderma Mass in left upper quadrant , long term biologics; This study is being ordered for Vascular Disease.; 10/2017; There has been treatment or conservative therapy.; Systemic scleroderma Mass in left upper quadrant , long term biologics; Previously-Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	juvenile rheumatoid arthritis and scleroderma; This study is being ordered for Vascular Disease.; 10/04/2017; There has been treatment or conservative therapy.; juvenile rheumatoid arthritis and scleroderma; Previously -Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	clinical has been uploaded; This study is being ordered for Inflammatory/ Infectious Disease.; clinical has been uploaded; There has been treatment or conservative therapy.; clinical has been uploaded; clinical has been uploaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	infective synovitis; This study is being ordered for Inflammatory/ Infectious Disease.; infective synovitis; There has been treatment or conservative therapy.; infective synovitis; infective synovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING JOINT PAIN IN RIGHT HAND, RIGHT WRIST, AND RIGHT KNEE ALONG WITH JOINT SWELLING. PATIENT HAS SEROPOSITIVE RHEUMATOID ARTHRITIS. PATIENT IS HAVING STIFFNESS IN THE AM.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	clinical has been uploaded; This study is being ordered for Inflammatory/ Infectious Disease.; clinical has been uploaded; There has been treatment or conservative therapy.; clinical has been uploaded; clinical has been uploaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	infective synovitis; This study is being ordered for Inflammatory/ Infectious Disease.; infective synovitis; There has been treatment or conservative therapy.; infective synovitis; infective synovitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING JOINT PAIN IN RIGHT HAND, RIGHT WRIST, AND RIGHT KNEE ALONG WITH JOINT SWELLING. PATIENT HAS SEROPOSITIVE RHEUMATOID ARTHRITIS. PATIENT IS HAVING STIFFNESS IN THE AM.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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 IS HAVING JOINT PAIN IN RIGHT HAND, RIGHT WRIST, AND RIGHT KNEE ALONG WITH JOINT SWELLING. PATIENT HAS SEROPOSITIVE RHEUMATOID ARTHRITIS. PATIENT IS HAVING STIFFNESS IN THE AM.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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 oordered for infection.; It is unknown if there are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/01/2018; There has been treatment or conservative therapy.; Patient has pain in abdomen and pelvis with swelling and need to evaluate.; 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Systemic scleroderma Mass in laft upper quadrant , long term biologics; This study is being ordered for Vascular Disease.; 10/2017; There has been treatment or conservative therapy.; Systemic scleroderma Mass in laft upper quadrant , long term biologics; Previously-Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Rheumatology	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	juvenile rheumatoid arthritis and scleroderma; This study is being ordered for Vascular Disease.; 10/04/2017; There has been treatment or conservative therapy.; juvenile rheumatoid arthritis and scleroderma; Previously -Patient was therefore started on pulse dosing glucocorticoids and transitioned to PO prednisone on day 4 for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Acute gait abnormality is documented; The documented finding is new or worsening	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has NOT had foot pain for over 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		This is a request for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	pain palpable mass; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Sports 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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Faxing clinicals.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describe the patient's tumor.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; KNOT IN HER STOMACH; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 Other not listed	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	10/04/2017; There has been treatment or conservative therapy.; MIGRAINES;NAUSEA;DIZZINESS;BLEEDING OF THE RECTUM; PT HAD ENDOSCOPIC SURGERY AND FOR 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	initial onset was 07/16/2013; There has been treatment or conservative therapy.; He has been off of Imatinib since 1/2019. In 9/2020, he noticed a mass in his epigastrium, non tender, mobile. He had a CT abd done at Harrison Hospital which showed a possible recurrence of his desmoid tumor and so was referred to Dr. Mizzell who referre; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Member is positive for COVID 19 - has been positive for 1 month and symptoms are not getting better. Oxygen is decreasing.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	pre-operative imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-22-2020; It is not known if there has been any treatment or conservative therapy.; Hiatal Hernia. She has a worsening difficulty in breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	She underwent right breast biopsy on August 18, 2020 and has had increased axillary pain as well as palpable lymph nodes.; There has not been any treatment or conservative therapy.; Right breast and right axillary pain, increased size of lymph nodes and pain over the past approximately month.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	The patient presents for evaluation of a primary breast cancer confirmed by biopsy. Independent review of her imaging demonstrates a . We discussed that mastectomy would be her best option at this time due to location and nipple involvement due to new ons; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Acute embolism and thrombosis of unspecified vein; This study is being 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.; Acute embolism and thrombosis of unspecified vein; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	status post left cervical lymph nodes biopsy. Pathology revealing granulomas suspicious for sarcoidosis; The patient is over 17 years old.; 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 non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Traumatic aortic injury discovered via CT scan; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy);	right axilla, high lymphoma; This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72125 Computed tomography, cervical spine; without contrast	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	clinicals faxed; This study is being ordered for trauma or injury.; 08/2018; There has been treatment or conservative therapy.; clinicals faxed; Physical therapy, heat, anti-inflammatory meds, chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; It is unknown when the pain started; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is having stability issues; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; It is not documented or it is unknown if there are neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was NOT completed in the last 6 months; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	found a mass in groin; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	status post complex left groin exploration with removal of mesh plug and Bassini repair. She has complained of increasing pain in the left groin area. No evidence of obvious cellulitis or abscesses noted. Tenderness is noted to palpation and there is no o; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	SUSPECTED 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Large low-density septated pelvic mass measuring 10.6 x 8.3 cm noted on PET scan.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Patient is healed well and recovering normally from incisional hernia surgery on 09/24/2020 However, she continues to have this severe right groin/right lower quadrant pain. This started a few months prior to the hernia surgery. Pain is significant enough; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; Planned surgery was noted as an indication for knee imaging; A Total Knee Arthroplasty (TKA) is NOT being performed.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	pre-operative imaging; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-22-2020; It is not known if there has been any treatment or conservative therapy.; Hiatal Hernia. She has a worsening difficulty in breathing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; KNOT IN HER STOMACH; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/04/2017; There has been treatment or conservative therapy.; MIGRAINES;NAUSEA;DIZZINESS;BLEEDING OF THE RECTUM; PT HAD ENDOSCOPIC SURGERY AND FOR 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/12/2020; There has not been any treatment or conservative therapy.; Rectal bleeding, changes in bowel function; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/16/20; There has not been any treatment or conservative therapy.; RECTAL BLEEDING, SIGMOID MASS; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	initial onset was 07/16/2013; There has been treatment or conservative therapy.; He has been off of Imatinib since 1/2019. In 9/2020, he noticed a mass in his epigastrium, non tender, mobile. He had a CT abd done at Harrison Hospital which showed a possible recurrence of his desmoid tumor and so was referred to Dr. Mizzell who referre; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	She underwent right breast biopsy on August 18, 2020 and has had increased axillary pain as well as palpable lymph nodes.; There has not been any treatment or conservative therapy.; Right breast and right axillary pain, increased size of lymph nodes and pain over the past approximately month.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The patient presents for evaluation of a primary breast cancer confirmed by biopsy. Independent review of her imaging demonstrates a . We discussed that mastectomy would be her best option at this time due to location and nipple involvement due to new ons; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); complication of hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; complication of hernia; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; nausea, vomiting, diarrhea, pain, unable to eat; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; None Given; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" 75 yo female presented for surgical evaluation of a liver mass. She reports intermittent right upper quadrant pain for several months. Recent CT revealed a 10cm lesion in the left hepatic lobe and cholelithiasis. Anemia present based recent labs with Hgb	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" CT showed adrenal mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	25-year-old woman referred by Dr. Shannon Case for management of increased lifetime risk of breast cancer. She has come in today with her mother, who also has elevated lifetime risk. The patient has a maternal aunt, maternal grandmother and maternal gre; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	new CA dx.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	The patient presents for evaluation of a primary breast cancer confirmed by biopsy. Independent review of her imaging demonstrates a . We discussed that mastectomy would be her best option at this time due to location and nipple involvement due to new ons; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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 none of the above or don't know.; This study is being ordered for pre-operative evaluation.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/23/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2020; right ulner shortening osteoplasty; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; unknown; unknown; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Occupational Therapy was reaquisted; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		HAD LAPASC GALLBLADDER REMOVE ELEVASTE LIVER FUTION TEST; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	clinical's faxed; This study is being ordered for trauma or injury.; 08/2018; There has been treatment or conservative therapy.; clinical's faxed; Physical therapy, heat, anti-inflammatory meds, chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2/15/2020; It is not known if there has been any treatment or conservative therapy.; Deep bruising and swelling.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/1/2020; There has not been any treatment or conservative therapy.; dysphagia;abdominal pain;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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/12/2020; There has not been any treatment or conservative therapy.; Rectal bleeding, changes in bowel function; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/16/20; There has not been any treatment or conservative therapy.; RECTAL BLEEDING, SIGMOID MASS; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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. "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	Needs further evaluation of fractures obtained from accident on 8/14/20; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	Radiology Services Denied Not Medically Necessary	Needs further evaluation of fractures obtained from accident on 8/14/20; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study is not requested for shoulder pain.; 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.; The member has a recent injury.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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 a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	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.; 09/20/20; There has been treatment or conservative therapy.; SHE HAS NON HEALING ULCERS AND BED RESTING SHE HAS NEUROPATHY AND DIABETES; SHE HAS HAD BEEN ON ORAL ANTIBIOTICS AND DEBREATHEMENTS OF AND WOUND CARE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Acute embolism and thrombosis of unspecified vein; This study is being 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.; Acute embolism and thrombosis of unspecified vein; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2/15/2020; It is not known if there has been any treatment or conservative therapy.; Deep bruising and swelling.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	10/1/2020; There has not been any treatment or conservative therapy.; dysphagia;abdominal pain;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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is being requested for abdominal and/or pelvic pain.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is being requested for hematuria.; 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; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s).	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Continued; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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 Surgical Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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 ordering physician is an oncologist or orthopedist.; The patient is undergoing active treatment for cancer.; This study is being ordered for Known Tumor; This study is being ordered for follow-up.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by 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	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/09/2020; There has been treatment or conservative therapy.; diarrhea , hx gerd, heartburn every day, has lost almost 200lbs.; edg and colonoscopy; 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 None of the above; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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 Surgical Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	10/09/2020; There has been treatment or conservative therapy.; diarrhea , hx gerd, heartburn every day, has lost almost 200lbs.; edg and colonoscopy; 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 None of the above; This study is being ordered for Other not listed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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	staging of cholangiocarcinoma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Surgical Oncology	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 not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed,		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast		Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed,		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT ; Continued; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Bandlike opacity in left lung, prior CT says 3 months 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	esophageal duplication cyst; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	follow up for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	May 2012; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	PATIENT WITH KNOWN ASCENDING AORTIC ANEURYSM NEEDING FOLLOWUP SCAN TO MONITOR FOR STABILITY; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic 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 not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	May 2012; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	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.; The ordering provider's specialty is NOT Rheumatology.; This study is being ordered for none of the above or don't know.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color		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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluate mass for possible surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic 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	INNOMINATE ARTERY INJURY SECONDARY TO MVA on 01/21/2015. SCAN REQUESTED TO MONITOR FOR STABILITY.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	evaluate mass for possible surgery; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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 Thoracic Surgery	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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 Thoracic Surgery	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Thoracic Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above.; This procedure is being requested for other indications	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1	2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		BMC the end of this month to evaluate response to treatment and evaluation of disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	concern about a shooting pain in the left posterior aspect of her head that lasts a few hours each time and has occurred occasionally over the last few days while she was lying in bed or resting. arrival to clinic she had BP of 196/100 and repeat of 193/9; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	NSCLC: Squamous Cell Carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	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 documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	Will obtain new CT scan of the head to review shunt function. Additionally will get MRI cervical spine for better review of possible radiculopathy. Will also refer to pain management for addressing her pain moving forward.; This study is being ordered for a neurological disorder.; 08/06/2020; There has been treatment or conservative therapy.; diffuse aneurysmal pattern subarachnoid hemorrhage at basal cistern and sylvian fissure, as well as obstructive hydrocephalus.;She has a knot on the posterior aspect of the head that occasionally is bothersome. She is able to ambulate with a walker and; rehabilitation was completed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	mass may reflect adenopathy and the dr stating clinical assesment with a CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2/2020 There has been treatment or conservative therapy.; enlarge lymph node; antibiotics / ultrasound that show abnormalities and show mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	EVALUATE DISEASE RESPONSE TO THERAPY//RESTAGING/METASIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	mass may reflect adenopathy and the dr stating clinical assesment with a CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2/2020 There has been treatment or conservative therapy.; enlarge lymph node; antibiotics / ultrasound that show abnormalities and show mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stenosis of subclavian; This study is being ordered for Vascular Disease.; This 52 year old male presents for Angina, Coronary Artery Disease and Hypertension.;Mr. Merritt is a 51 year old male who is added in today for angina. Reports yesterday he started having angina on minimal exertion. He did not take sl nitro. Reports tha; There has been treatment or conservative therapy.; chest 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stroke with residual slurred speech not on any medication presents with unsteady gait and lightheadedness since 2 months following a fall. Patient reports that his slurred speech got worse and reports lack of coordination in the left leg since the fall t; This study is being ordered for a neurological disorder.; 11/18/2020; It is not known if there has been any treatment or conservative therapy.; stroke with residual slurred speech presents with unsteady gait since 2 months. Patient reports that he fell 2 months ago when he was working in the yard.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the brain.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stenosis of subclavian; This study is being ordered for Vascular Disease.; This 52 year old male presents for Angina, Coronary Artery Disease and Hypertension.;Mr. Merritt is a 51 year old male who is added in today for angina. Reports yesterday he started having angina on minimal exertion. He did not take sl nitro. Reports tha; There has been treatment or conservative therapy.; chest 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	stroke with residual slurred speech not on any medication presents with unsteady gait and lightheadedness since 2 months following a fall. Patient reports that his slurred speech got worse and reports lack of coordination in the left leg since the fall t; This study is being ordered for a neurological disorder.; 11/18/2020; It is not known if there has been any treatment or conservative therapy.; stroke with residual slurred speech presents with unsteady gait since 2 months. Patient reports that he fell 2 months ago when he was working in the yard.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the Neck.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without	"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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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. &gt;FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	3 month evaluation of meningioma; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2018; There has been treatment or conservative therapy.; neck pain, tingling in hands, headaches; injections, lumbar puncture, weight loss; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown if No Info Given. &FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Left eye pain radiating to the temporal. Sudden onset 2-3 weeks ago.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has been having a stabbing headache behind right eye and progresses down neck for last 3 weeks when waking up. Headache goes away in 2-3 hours; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is follow up imaging from previous scan showing the meningioma.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	14 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor outside the brain best describes the patient's tumor.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor outside the brain best describes the patient's tumor.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 seizure disorder best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; None of the above best describes the reason that I have requested this test.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 is experiencing fatigue or malaise.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 tumor; A biopsy has been completed to determine tumor tissue type.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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).	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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).	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	03/23/20; There has been treatment or conservative therapy.; Mr. Aubrey Sambola comes in today with reports of pain in his chest that goes down to his abdomen when he inhales. He denies shortness of breath, constipation, fever, or chills. He is taking Zofran for this with some improvement and sometimes he takes Tr; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	3/28/2014; There has been treatment or conservative therapy.; INCREASING 7.5 MM LUL NON-CALCIFIED NODULE; CURRENT ONGOING THERAPY: NIVOLUMAB START DATE: 3/11/20 CYCLE 13/17 SCHEDULED COMPLETION DATE: 11/30/20.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	04/03/2018; There has not been any treatment or conservative therapy.; B-CELL LYMPHOMA AND SOLITARY PULMONARY NODULE; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	04/19/2019; There has not been any treatment or conservative therapy.; cough, back pain, shortness of breath, abdominal edema; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	7/5/2018 NON SMALL CELL LUNG CANCER, STAGE IV; There has been treatment or conservative therapy.; NEW ONSET RIB AND MID BACK PAIN, SEVERE DISTRESSING PAIN; FERAHEME 2 CYCLES COMPLETED 2/12/20;RO THERAPY COMPLETED 8/16/18;CARBOPLATIN 4 CYCLES COMPLETED 10/2/18; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/06/2020; There has been treatment or conservative therapy.; Mrs. Clara Anderson comes in with reports of feeling fatigued otherwise she is doing well. ;She is also here for follow up for breast cancer. She had a bilateral mastectomy with Dr. Miller on 8/6/2020. Pathology is above. She is on Taxotere/Cytosan.; She is on Taxotere/Cytosan.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/09/2019; There has been treatment or conservative therapy.; ; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	8/12/2020; There has been treatment or conservative therapy.; 3 intracranial metastatic lesions; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/28/20; There has been treatment or conservative therapy.; Mrs. Scruggs comes in today with reports of dizziness, fatigue, shortness of breath, mid back pain (heating pad helping). She denies nausea, constipation, new lumps or bumps, fever, or chills.;She is also here for follow up for small cell lung cancer, e; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/28/2019; There has been treatment or conservative therapy.; 1. Metastatic breast cancer with metastatic disease to the pleura and left axillary lymph node. She underwent a left axillary lymph node biopsy on 2/12/19 and the pathology revealed metastatic carcinoma, consistent with breast origin. Estrogen and Prog; CHEMO ;RADIATION;BIL MASTECTOMIES; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	09/22/2020; There has not been any treatment or conservative therapy.; Mrs. Karen Griffith is a 64 year old female referred by Dr. Sirinya Prasertvit for further evaluation and treatment recommendations for breast cancer. Mrs. Griffith was noted to have an abnormal screening mammogram followed by a diagnostic mammogram and ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	10/5/2018; There has been treatment or conservative therapy.; RE-STAGING NON SMALL CELL LUNG CANCER; CARBOPLATIN START DATE: 10/19/18;COMPLETION DATE: 2/15/19; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	11/06/2018; There has been treatment or conservative therapy.; STAGE 3 CUTANEOUS MELANOMA WITH HISTORY OF BLADDER CARCINOMA, SCANS REQUESTED FOR RE-STAGING AFTER COMPLETION OF TREATMENT; OPDIVO START DATE: 3/18/19 COMPLETED 26 CYCLES COMPLETION DATE: 3/2/20; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	11/12/2020; There has not been any treatment or conservative therapy.; Mrs Quida Morehart is a 78 year old white female referred by Dr Jeri Fant for evaluation of breast cancer. A left digital diagnostic mammogram on 10/30/2020 showed spiculated solid 1.3 cm nodule in the left breast at 5 to 6 o'clock in the area of palpab; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/20/2018; There has been treatment or conservative therapy.; 1.1 CM LEFT ADRENAL NODULE SEEN ON PREVIOUS PET SCAN CONCERNING FOR METASTATIC DISEASE.; RADIATION COMPLETED 10/15/2019;CARBOPLATIN COMPLETED 3/13/2019; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	12/28/2011; There has been treatment or conservative therapy.; Ms. Roberts is here today with reports of having trouble with her allergies/sinuses. She has continued pain (dull ache) in her left side and reports this as about the same. This is not a new pain and she takes Advil if needed. ;She is also here for fo; CHEMO, RADIOTHERAPY, SURGERY,HORMONE THERARPY; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	15 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	BMC the end of this month to evaluate response to treatment and evaluation of disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Bronchiectasis with history of lung nodule. She will be due her CT scan in January. I went ahead and ordered to have this scheduled;Persistent noncalcified bilateral lung nodules are indeterminate. By;Fleischner criteria, recommend follow-up CT in 6-1; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	caseating granuloma secondary to Histoplasmosis with pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	chest pain and palpitations are due to pts chest structure. need to evaluate chest. pts 12/22/20 chest x-ray that shows pectus excavatum; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	chest xray 10/13 -left side volume loss w/left hilum.; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Comparison study: 6/6/2019 Findings: There are a few mildly prominent bilateral axillary lymph nodes, which are stable and likely reactive. There are stable reactive appearing mediastinal lymph nodes. Mild to moderate atherosclerotic calcifications are ; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &FAX INFO; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	EVALUATE DISEASE RESPONSE TO THERAPY//RESTAGING/METASIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	f/up mass viewed on 9/15/2020 Chest x-ray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	FU metastatic lung cancer; There has been treatment or conservative therapy.; Almon Kenneth Meyer diagnosed with metastatic squamous cell carcinoma of unknown primary is here for followup exam and scan results. He continues to do well off therapy. He has stable DOE. No new symptoms; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	INITIAL STAGING SQUAMOUS CELL CARCINOMA CHECK FOR METASTIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	none; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	NSCLC: Squamous Cell Carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	patient has had an unexplained chronic fever since feb 2020. patient has had negative work up throught endocrinology, labs, and infectious 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Patient with history of covid in past (September) having respiratory issues and feeling ill . Congestion, Headache, cough ; chills sweats. sore throat. Give antibiotic on 11/13 but symptoms are not improving.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Pt has unexplained weight loss, SOB, fatigue, current every day 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	pulm nodule recommended follow up ct . States he has not seen cardiology in awhile,,taking medications as prescribed, no chest pain, sob. States he has a history of pulm nodule, not;seeing anyone at this time. Agreeable to see specialist for this. State; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	restaging cancer; lung; It is not known if there has been any treatment or conservative therapy.; restaging cancer; lung; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	restaging, Ovarian, Epithelial Cancer (Gynecologic, Ovarian Cancer) - Clinical Stage IV (AJCC v8); There has been treatment or conservative therapy.; s blisters in her hands, feet and elbows x 5 days. Difficult to walk or complete any ADLs; Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0, Lynparza (olaparib) 300mg PO BID v2.0, Niraparib (Zejula) 200mg PO daily v2.0, NCCN_OVA4: Carboplatin AUC5 - Paclitaxel 175mg/m2 D1 q21d x 7 cycles v1.0; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; History of Present Illness;New/Follow-up Patient Consult;; ; Patient presents with 4 day history of cough productive of thick green sputum;and headache. She reports she is coughing so much that her chest and back hurt.;The only thing that help; "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).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Secondary hypertension, unspecified;02. Nonrheumatic aortic valve stenosis;Severe AS; confirmed by echo 09/2019. Repeat echo today is current pending. Based on her symptoms would recommend proceeding with TAVR work up. ;Discussed in depth the patho; This study is being ordered for Vascular Disease.; This 63 year old female presents for New TAVR.;Ms. Smith is a 63 yo female who presents to valve clinic today for new patient TAVR evaluation. She is referred by Dr. Younis. ;Echo 09/2019 notes AVA 0.5 cm2 and AV peak velocity 4.1 m/s. EF 60-65%. Findin; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	FOLLOW UP SCAN OF KNOWN ASCENDING AORTIC ANEURYSM TO MONITOR FOR STABILITY; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	patient has persistent atrial fibrillation that is getting worse along with paroxysmal a-fib.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; This study is being ordered for Vascular Disease.; Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; There has been treatment or conservative therapy.; Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; medication; heart cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	will order CTA of the chest to follow-up on thoracic 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	still in pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2019; There has been treatment or conservative therapy.; ; Physical therapy, pain medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	still in pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2019; There has been treatment or conservative therapy.; ; Physical therapy, pain medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 09/24/2020; There has been treatment or conservative therapy.; He has pain through the intrascapular area, and across the bilateral shoulder. He has multiple orthopedic issues in the upper extremity, but reports pain through the bilateral hands as well. There is significant muscle spasms and tension limiting his ROM ; chiropractor and spinal injection.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2018; There has been treatment or conservative therapy.; neck pain, tingling in hands, headaches; injections, lumbar puncture, weight loss; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Dr. Bumpass recommends surgery. MRIs are preoperative.; 05/19/1951; There has been treatment or conservative therapy.; Scoliosis and Tethered cord; Back, leg, right posterior thigh, right knee, left buttock, lateral thigh pain. Difficulty with balance and fine motor skills. Increase in urinary frequency.; Multiple injections (type unknown); Physical Therapy; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	numbness, tingling abnormal gait; 10/23/2018; There has been treatment or conservative therapy.; numbness, tingling, abnormal gait.; physical therapy, NSAIDs; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Patient has Multiple sclerosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	SEE ATTACH CLINICAL; SEVERAL YEARS OF BACK AND NECK PAIN; There has been treatment or conservative therapy.; ACHING, BURNING, SHARP, SHOOTING AND THROBBING BACK AND NECK PAIN; AT HOME PHYSICAL THERAPY, OTC AND PAIN MEDICATION; This study is being ordered for Other	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She has previous ACDF in 2019 for large disc herniation and central stenosis.;MRI of the lumbar spine for further evaluation.; 12/07/2020; There has been treatment or conservative therapy.; Has chronic neck pain that causes headaches as well as radiation of pain into the bilateral arms worse on the left. She has impaired dexterity, balance, and will drop objects frequently.;Has chronic lower back pain that radiates into the posterior aspect; Does take Celebrex, Soma, Hydrocodone-acetaminophen 7.5-325mg and Fioricet.;;In Physical Therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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; There are abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Acute gait abnormality is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had TENS/EMS/Diathermy/Laser therapy; There is documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal reflexes is documented; Extremity over reactive to stimulus best describes the abnormality as documented; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has PHYSICAL exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal upper extremity weakness	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Will obtain new CT scan of the head to review shunt function. Additionally will get MRI cervical spine for better review of possible radiculopathy. Will also refer to pain management for addressing her pain moving forward.; This study is being ordered for a neurological disorder.; 08/06/2020; There has been treatment or conservative therapy.; diffuse aneurysmal pattern subarachnoid hemorrhage at basal cistern and sylvian fissure, as well as obstructive hydrocephalus.;;She has a knot on the posterior aspect of the head that occasionally is bothersome. She is able to ambulate with a walker and; rehabilitation was completed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Obtain updated imaging for further evaluation, for probable surgical intervention.;Obtain an MRI of the lumbar and thoracic spines, without contrast, for evaluation for possible thoracolumbar fusion surgery.;Obtain a CT scan of the lumbar and thoracic 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.; around 2012; There has been treatment or conservative therapy.;; He has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections. His most recent injection was done on 06/16/2020, without any relief. He takes meloxicam, gabapentin, and methocarbamol for the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	Patient has Multiple sclerosis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 bowel or bladder dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 radiculopathy documented on EMG or nerve conduction study.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 weakness.;	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 reflex abnormality.; She has also had worsening balance difficulties, a sensation of a metallic or salty taste in her mouth, and shaking episodes that occur at night as described by her husband. Per her husband, she will intermittently shake in what he describes as a seizure	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; It is unknown if 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; This procedure is being requested for None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	numbness, tingling abnormal gait; 10/23/2018; There has been treatment or conservative therapy.; numbness, tingling, abnormal gait.; physical therapy, NSAIDs; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Obtain updated imaging for further evaluation, for probable surgical intervention.;Obtain an MRI of the lumbar and thoracic spines, without contrast, for evaluation for possible thoracolumbar fusion surgery.;Obtain a CT scan of the lumbar and thoracic 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.; around 2012; There has been treatment or conservative therapy.;; He has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections. His most recent injection was done on 06/16/2020, without any relief. He takes meloxicam, gabapentin, and methocarbamol for the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is 2 months post operative lumbar laminectomy/removal of hardware with continued back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	SEE ATTACH CLINICAL; SEVERAL YEARS OF BACK AND NECK PAIN; There has been treatment or conservative therapy.; ACHING, BURNING, SHARP, SHOOTING AND THROBBING BACK AND NECK PAIN; AT HOME PHYSICAL THERAPY, OTC AND PAIN MEDICATION; This study is being ordered for Other	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	13 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has an Abnormal x-ray indicating a significant abnormality	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	8 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 as a Pre-operative evaluation	20 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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); The patient has None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 New symptoms of bowel or bladder dysfunction	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBL.; This case was created via BBL.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Abnormal sensory changes along nerve tract (dermatome) is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Lower extremity weakness is documented; The documented finding is new or worsening; There are documented neurological exam findings/deficits	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Bladder or bowel dysfunction/ loss of control of bladder or bowels is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Saddle Anesthesia (Sensation of numbness of the buttocks, perineum, and or inner surface of the thighs) is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Sexual Dysfunction is associated with the Sciatica; There are documented neurological exam findings/deficits	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; Therapy was completed in the last 6 months; At least 6 weeks of therapy been completed	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is new or worsening	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Foot Drop is associated with the Sciatica	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Agreed; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; Severe Back pain/ Sciatica is documented; None of the above is associated with the Sciatica; There are documented neurological exam findings/deficits; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Epidural/intra-articular injection; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	2 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This study is being requested for Neurologic deficits; This case was created via RadMD.; This case was created via RadMD.; This case was created via RadMD.; Cannot agree/affirm; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; Imaging is NOT being requested for low back pain.; Severe Back pain/ Sciatica is documented; The documented finding is new or worsening; Absent bilateral lower extremity reflex is associated with the Sciatica; Continue	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<p>This fracture is getting worse compared to prior x-rays and we have recommended surgery in the form of PSF L1-L3. It looks like on the supine x-ray her kyphotic deformity reduces somewhat so hopefully we can avoid going to other levels. We will order a ; This study is being ordered for trauma or injury.; SEPTEMBER 02,2020; There has been treatment or conservative therapy.; neck pain-related to her cervical degeneration.back pain related to her L2 compression fracture. This fracture is getting worse compared to prior x-rays and we have recommended surgery in the form of PSF L1-L3.; Home Health Physical Therapy for ROM/Strengthening, Balance Retraining, Increasing Activity Tolerance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	<p>CALLER WILL SEND INFO VIA FAX; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	<p>; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</p>	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	<p>LEFT HIP 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.</p>	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Our primary focus is finding out how extensive patient's perianal crohns disease is. Imaging will be a factor in deciding if surgery is appropriate or if we advance her treatment plan to the "next level".; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is not planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	see clinicals; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 a preoperative or recent postoperative evaluation.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Osteoarthritis, localized, shoulder, unspecified laterality.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Osteoarthritis, localized, shoulder, unspecified laterality; There has been treatment or conservative therapy.; Osteoarthritis, localized, shoulder, unspecified laterality; Osteoarthritis, localized, shoulder, unspecified laterality; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; discussed exercises and stretches to do at home to decrease pain and increase function and range of motion and shown in clinic; The patient received medication other than joint injections(s) or oral analgesics; hydrocodone-acetaminophen;gabapentin;nsaids;topical creams;otc meds	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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.; worsening pain, reduced function of left upper extremity after 4 weeks of treatment; The patient received oral analgesics.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	Patient requires left triple arthrodesis with deformity correction, possible take down of distal tib/fib fusion with malunion correction; This study is being ordered for trauma or injury.; 8/01/20; There has been treatment or conservative therapy.; Patient has pain and difficulty walking; Previous L Ankle and Foot surgery with previous ankle fusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 not planned for in the next 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; None of the listed items showed an abnormality (X-ray, ultrasound, CT, MRI , bone scan); The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for None of the above; Limited range of motion; Surgery is NOT being planned.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a 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.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 a reason other than ankle pain.; The member has a recent injury.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Secondary hypertension, unspecified;02. Nonrheumatic aortic valve stenosis;Severe AS; confirmed by echo 09/2019. Repeat echo today is current pending. Based on her symptoms would recommend proceeding with TAVR work up. ;Discussed in depth the patho; This study is being ordered for Vascular Disease.; This 63 year old female presents for New TAVR.;Ms. Smith is a 63 yo female who presents to valve clinic today for new patient TAVR evaluation. She is referred by Dr. Younis. ;Echo 09/2019 notes AVA 0.5 cm2 and AV peak velocity 4.1 m/s. EF 60-65%. Findin; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; This study is being ordered for Vascular Disease.; Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; There has been treatment or conservative therapy.; Plan;;BMP today;CTs for TAVR;F/u in valve clinic in 1 month; medication; heart cath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/23/20; There has been treatment or conservative therapy.; Mr. Aubrey Sambola comes in today with reports of pain in his chest that goes down to his abdomen when he inhales. He denies shortness of breath, constipation, fever, or chills. He is taking Zofran for this with some improvement and sometimes he takes Tr; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	3/28/2014; There has been treatment or conservative therapy.; INCREASING 7.5 MM LUL NON-CALCIFIED NODULE; CURRENT ONGOING THERAPY: NIVOLUMAB START DATE: 3/11/20 CYCLE 13/17 SCHEDULED COMPLETION DATE: 11/30/20.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/03/2018; There has not been any treatment or conservative therapy.; B-CELL LYMPHOMA AND SOLITARY PULMONARY NODULE; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/19/2019; There has not been any treatment or conservative therapy.; cough, back pain, shortness of breath, abdominal edema; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/5/2018 NON SMALL CELL LUNG CANCER, STAGE IV; There has been treatment or conservative therapy.; NEW ONSET RIB AND MID BACK PAIN, SEVERE DISTRESSING PAIN; FERAHEME 2 CYCLES COMPLETED 2/12/20;RO THERAPY COMPLETED 8/16/18;CARBOPLATIN 4 CYCLES COMPLETED 10/2/18; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/06/2020; There has been treatment or conservative therapy.; Mrs. Clara Anderson comes in with reports of feeling fatigued otherwise she is doing well. ;She is also here for follow up for breast cancer. She had a bilateral mastectomy with Dr. Miller on 8/6/2020. Pathology is above. She is on Taxotere/Cytosan.; She is on Taxotere/Cytosan.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/09/2019; There has been treatment or conservative therapy.; ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	8/12/2020; There has been treatment or conservative therapy.; 3 intracranial metastatic lesions; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/28/20; There has been treatment or conservative therapy.; Mrs. Scruggs comes in today with reports of dizziness, fatigue, shortness of breath, mid back pain (heating pad helping). She denies nausea, constipation, new lumps or bumps, fever, or chills.;She is also here for follow up for small cell lung cancer, e; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/28/2019; There has been treatment or conservative therapy.; 1. Metastatic breast cancer with metastatic disease to the pleura and left axillary lymph node. She underwent a left axillary lymph node biopsy on 2/12/19 and the pathology revealed metastatic carcinoma, consistent with breast origin. Estrogen and Prog; CHEMO ;RADIATION;BIL MASTECTOMIES; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/22/2020; There has not been any treatment or conservative therapy.; Mrs. Karen Griffith is a 64 year old female referred by Dr. Sirinya Prasertvit for further evaluation and treatment recommendations for breast cancer. Mrs. Griffith was noted to have an abnormal screening mammogram followed by a diagnostic mammogram and ; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	10/5/2018; There has been treatment or conservative therapy.; RE-STAGING NON SMALL CELL LUNG CANCER; CARBOPLATIN START DATE: 10/19/18;COMPLETION DATE: 2/15/19; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/06/2018; There has been treatment or conservative therapy.; STAGE 3 CUTANEOUS MELANOMA WITH HISTORY OF BLADDER CARCINOMA, SCANS REQUESTED FOR RE-STAGING AFTER COMPLETION OF TREATMENT; OPDIVO START DATE: 3/18/19 COMPLETED 26 CYCLES COMPLETION DATE: 3/2/20; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/12/2020; There has not been any treatment or conservative therapy.; Mrs Quida Morehart is a 78 year old white female referred by Dr Jeri Fant for evaluation of breast cancer. A left digital diagnostic mammogram on 10/30/2020 showed spiculated solid 1.3 cm nodule in the left breast at 5 to 6 o'clock in the area of palpab; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/20/2018; There has been treatment or conservative therapy.; 1.1 CM LEFT ADRENAL NODULE SEEN ON PREVIOUS PET SCAN CONCERNING FOR METASTATIC DISEASE.; RADIATION COMPLETED 10/15/2019; CARBOPLATIN COMPLETED 3/13/2019; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/28/2011; There has been treatment or conservative therapy.; Ms. Roberts is here today with reports of having trouble with her allergies/sinuses. She has continued pain (dull ache) in her left side and reports this as about the same. This is not a new pain and she takes Advil if needed. ;She is also here for fo; CHEMO, RADIOTHERAPY, SURGERY,HORMONE 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	BMC the end of this month to evaluate response to treatment and evaluation of disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EVALUATE DISEASE RESPONSE TO THERAPY//RESTAGING/METASIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FU metastatic lung cancer; There has been treatment or conservative therapy.; Almon Kenneth Meyer diagnosed with metastatic squamous cell carcinoma of unknown primary is here for followup exam and scan results. He continues to do well off therapy. He has stable DOE. No new symptoms; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	h/o colon cancer; There has been treatment or conservative therapy.; abdominal pain, diarrhea, nausea, and emesis;; episodes of fecal incontinence.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	INITIAL STAGING SQUAMOUS CELL CARCINOMA CHECK FOR METASTASIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	NSCLC: Squamous Cell Carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging cancer; lung; It is not known if there has been any treatment or conservative therapy.; restaging cancer; lung; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging, Ovarian, Epithelial Cancer (Gynecologic, Ovarian Cancer) - Clinical Stage IV (AJCC v8); There has been treatment or conservative therapy.; s blisters in her hands, feet and elbows x 5 days. Difficult to walk or complete any ADLs; Liposomal Doxorubicin (Doxil) 40 mg/m2 IV D1 + Bevacizumab 10mg/kg IV D1,15 Q28D v2.0, Lynparza (olaparib) 300mg PO BID v2.0, Niraparib (Zejula) 200mg PO daily v2.0, NCCN_OVA4: Carboplatin AUC5 - Paclitaxel 175mg/m2 D1 q21d x 7 cycles v1.0; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Spoke with referring MD who states patient's vulva is friable and he has no doubt it is cancer. He had his two partners to look at it and they also agree it is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Diabetic patient with gastroparesis.; Other; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; see chart notes; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.; Trauma; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	11 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;"	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.;" LIVER MASS SEEN ON CT ABDOMEN/PELVIS MEASURING 8.3 X 7.5 CM.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if there is suspicion of metastasis.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function	This is a request for a heart or cardiac MRI	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	75571 Computed tomography, heart, without contrast material, with	; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	75571 Computed tomography, heart, without contrast material, with	Enter answer here - or Type In Unknown If No Info Given. This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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. Secondary hypertension, unspecified;02. Nonrheumatic aortic valve stenosis;Severe AS; confirmed by echo 09/2019. Repeat echo today is current pending. Based on her symptoms would recommend proceeding with TAVR work up. ;Discussed in depth the patho; This study is being ordered for Vascular Disease.; This 63 year old female presents for New TAVR.;Ms. Smith is a 63 yo female who presents to valve clinic today for new patient TAVR evaluation. She is referred by Dr. Younis. ;Echo 09/2019 notes AVA 0.5 cm2 and AV peak velocity 4.1 m/s. EF 60-65%. Findin; There has not been any treatment or conservative therapy.; aortic stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 performed)	62 y.o. Caucasian female is here today for follow up for hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, pulmonary hypertension, aortic stenosis, mitral and tricuspid insufficiency, COPD, and diastolic CHF. Patient repor; 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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow	; This is a request for an MRI Bone Marrow.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	history of monoallelic mutation of SDHC gene-Taraganglioma and pheochromocytoma syndrome.; This is a request for an MRI Bone Marrow.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	01. Presence of permanent cardiac pacemaker;02. Mixed hyperlipidemia;03. Sick sinus syndrome;04. Coronary arteriosclerosis in native artery;1. Chest pain; will further evaluate with MPI. ;2. Hypertension; controlled. ;3. Hyperlipidemia; on Repatha. ; 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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)	45-year-old white female who presents with recurrent episodes of left precordial pressure-like, occasionally dull chest pain, nonradiating, associated with dyspnea, moderate, occasionally severe in intensity, lasting less than 5 minutes, spontaneous resol; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	chest pain to r/o ischemia; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Coronary artery disease with 3 interventions in 2015: His LVEF was between 35 and 40% for quite some time, though I had a report of an LVEF of 50% in 2018. Today's LVEF is 39%. I am suspicious that the 50% was erroneous, but in light of his chronic dys; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	DOE; will further evaluate with pharm MPI and echo. ;2. Chest pain; plan as above. ;3. LE edema; she does have hx of moderate DD, but edema sounds to be dependent in nature. Will check lab, but also encouraged used of compression hose, elevation, and lo; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/2020; There has not been any treatment or conservative therapy.; patient sharp pain on left side, fatiguenon exertional; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Mr. Smith is a 71 year old here as a new patient to establish care. History of hyperlipidemia and hypertension. Smoker. ;Presents to establish care;Reports occasional chest tightness sometimes on exertion he said he was short of breath, denies any ortho; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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,	New patient with morbid obesity, BMI of 38.84, has A-fib, congestive heart failure, hypotension and cardiomyopathy; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Preop clearance; will further evaluate with pharm MPI and echo d/t c/o of chest pain and SOB. Patient reports he is unable to walk on a treadmill d/t leg pain from past MVA.;2. Chest pain; plan as above. Will refill Nitro. ;3. CAD; hx of pci in the past; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/28/19; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	Stress EKG study;;Inconclusive as patient did not achieve target heart rate, but rather only 70% of it.;if appropriate patient will need a pharmacologically stimulated myocardial perfusion imaging study.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	Patient with Elevated BNP in lab studies done during routine exam; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Preop clearance; will further evaluate with pharm MPI and echo d/t c/o of chest pain and SOB. Patient reports he is unable to walk on a treadmill d/t leg pain from past MVA.;2. Chest pain; plan as above. Will refill Nitro. ;3. CAD; hx of pci in the past; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/28/19; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.; There are new symptoms suggesting worsening of heart valve disease	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Embolism.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	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.	18 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.	15 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	39 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	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 has congestive heart failure.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and	The patient is presenting new symptoms of chest pain or significant EKG changes.; "The patinet has had a nuclear cardiology study since surgery, angioplasty, stent or MI."; Previous Myocardial Perfusion Imaging was not done within the last three months.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using 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.; The patient has not had a recent non-nuclear stress test.; This 59 year old female presents for SOB and Chest Discomfort.;Ms. Hunt is a 59 year old female with no prior hx of CAD with negative DSE in 2018, EF 55-60%. She has hypertension.;;Patient presents to clinic today with c/o chest discomfort and SOB with; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	11 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 12/09/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; in house evaluation; 70%; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Three or More Visits Anticipated	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/26/2020; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/14/2020; alc reconstruction.; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; optimal instrument; 75 percent functional; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown if No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	No reports of any changes of her shortness of breath/COPD. No recent weight loss but she is feeling somewhat depressed/down in general.;PLAN: LDCT.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	She is here for evlautaiton of shortness of breath. ;This is episodic. ;Problems started jan 2020. ;Her symptoms partially resolved with abx and steroids and then recurred.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 77 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	ditional Info:patient had an episode of double vision about a month ago and was seen by his eye doctor and his PCP.;patient was seen at ER 12/4/20 for near syncope. all test normal.;patient reports persistent feelings of fatigue and malaise;Clinical In; 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; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/02/2020; There has not been any treatment or conservative therapy.; DIZZINESS , syncopal episode; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	He has had headache for the last three or four months. His headaches hurts all over. The headache would move around. No problems while sleeping. He starts hurting a couple hours after being up and about.If he takes a pain pill or a muscle relaxer the pai; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	INITIAL STAGING SQUAMOUS CELL CARCINOMA CHECK FOR METASTASIS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been having a stabbing headache behind right eye and progresses down neck for last 3 weeks when waking up. Headache goes away in 2-3 hours; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	CTA head/neck shows a 6mm L A2 saccular aneurysm; This study is being ordered for a neurological disorder.; 11/16/2020; There has not been any treatment or conservative therapy.; headaches;dizziness;elevated blood pressure;weakness;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 08/31/2020; There has not been any treatment or conservative therapy.; headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	CTA head/neck shows a 6mm L A2 saccular aneurysm; This study is being ordered for a neurological disorder.; 11/16/2020; There has not been any treatment or conservative therapy.; headaches;dizziness;elevated blood pressure;weakness;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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 08/31/2020; There has not been any treatment or conservative therapy.; headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	13 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	eval of sarcoidosis of lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up for pleural effusion / thoracostomy tube / thoracic surgery; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	h/o colon cancer; There has been treatment or conservative therapy.; abdominal pain, diarrhea, nausea, and emesis;; episodes of fecal incontinence.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	last chest xray indicated increased hilar markings, shortness of breath, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	last exam was 07/24/ Bilateral small calcified granulomatous residuals. Additional tiny;subpleural nodules probably reflect granulomatous but are indeterminate. 6 mm;noncalcified right lower lobe nodule identified which is of indeterminate;etiology. 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient needs CT chest with and without contrast for persistent atrial fibrillation that is worsening, an echo showed EF of 50%; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Persistent cough now mucopurulent.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt had a cxr and lung nodules were noted. Radiologist recommends a CT.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Rib Fracture evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	see chart notes; A Chest/Thorax 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	see chart notes; There is no radiologic evidence of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	shortness of breath, negative chest x-ray, symptoms worsening, diagnosed with cutaneous sarcoidosis which can sometimes spread to organs and cause to stiffen; A Chest/Thorax 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SOLITARY PULMONARY NODULE. PT IS LOSING WEIGHT, ADENOPATHY; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	STAT request, patient experiencing severe chest pain.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This 57 year old female presents for Hypertension.;57 yr old female with no cad. She has negative MPI 4/2019. Echo ef 65 %.. She has dilated ascending aorta , Last ct 4/2019 showed 4.7 cm dilated ascending aorta. She has normal AAA ultrasound. She h; "There is NO evidence of a lung, mediastinal or chest mass 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal	Radiology Services Denied Not Medically Necessary	no; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt has had emg and pt has tmj issues; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	refer to clinical notes; The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The problem occurs constantly. The problem has been gradually worsening. Associated with: past surgery. The quality of the pain is described as aching (throbbing). The pain is moderate. The symptoms are aggravated by twisting an; The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; It is not known if the patient has been seen by or if the ordering physician is a neuro-specialist, orthopedist, or oncologist.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; Elevated liver enzymes , Iron; Medications, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 11/02/2020; There has not been any treatment or conservative therapy.; DIZZINESS , syncopal episode; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Obtain updated imaging for further evaluation, for probable surgical intervention.;Obtain an MRI of the lumbar and thoracic spines, without contrast, for evaluation for possible thoracolumbar fusion surgery.;Obtain a CT scan of the lumbar and thoracic 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.; around 2012; There has been treatment or conservative therapy.; ; He has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections. His most recent injection was done on 06/16/2020, without any relief. He takes meloxicam, gabapentin, and methocarbamol for the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Obtain updated imaging for further evaluation, for probable surgical intervention.;Obtain an MRI of the lumbar and thoracic spines, without contrast, for evaluation for possible thoracolumbar fusion surgery.;Obtain a CT scan of the lumbar and thoracic 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.; around 2012; There has been treatment or conservative therapy.; ; He has had extensive conservative treatments in the past, including physical therapy and multiple epidural steroid injections. His most recent injection was done on 06/16/2020, without any relief. He takes meloxicam, gabapentin, and methocarbamol for the ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This fracture is getting worse compared to prior x-rays and we have recommended surgery in the form of PSF L1-L3. It looks like on the supine x-ray her kyphotic deformity reduces somewhat so hopefully we can avoid going to other levels. We will order a ; This study is being ordered for trauma or injury.; SEPTEMBER 02,2020; There has been treatment or conservative therapy.; neck pain-related to her cervical degeneration.back pain related to her L2 compression fracture. This fracture is getting worse compared to prior x-rays and we have recommended surgery in the form of PSF L1-L3.; Home Health Physical Therapy for ROM/Strengthening, Balance Retraining, Increasing Activity Tolerance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 reflex abnormality.; emg was completed and found denervation changes consisting of positive waves and fibrillation potentials were seen in an isolated region of the gastrocemiis muscle; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the patient has had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.; Nsaids, narcotics and opioid; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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 study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 08/31/2020; There has not been any treatment or conservative therapy.; headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 paresthesia evaluated by a neurologist	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 Physical exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had None of the above; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via BBI.; This case was created via BBI.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Abnormal sensory changes along nerve tract (dermatome) is documented; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; None of the above is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; Continued; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Physical Therapy; It is unknown if the therapy was completed in the last 6 months; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 3 months but less than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Severe Neck/Cervical Spine Pain is documented; Absent bilateral extremity reflex is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Abnormal sensory changes along nerve tract (dermatome) is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Greater than 6 months ago; The documented finding is new or worsening; There are documented neurological exam findings/deficits; Extremity weakness is documented; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 case was created via RadMD.; This case was created via RadMD.; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; Continued; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The documented Pain Score is greater than 6; Are there documented neurological exam findings or deficits?; The documented finding is new or worsening; Severe Neck/Cervical Spine Pain is documented; Leg lift testing during physical exam finds either bilateral or unilateral weakness is associated with the Sciatica; Continue; Imaging is being requested for cervical spine pain	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; It is not known if the pain began within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	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; It is unknown if any of these apply to the patient	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Physical exam findings consistent with myelopathy	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	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 has a new onset or changing radiculitis / radiculopathy	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; 09/24/2020; There has been treatment or conservative therapy.; He has pain through the intrascapular area, and across the bilateral shoulder. He has multiple orthopedic issues in the upper extremity, but reports pain through the bilateral hands as well. There is significant muscle spasms and tension limiting his ROM ; chiropractor and spinal injection.; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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 study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Bumpass recommends surgery. MRIs are preoperative.; 05/19/1951; There has been treatment or conservative therapy.; Scoliosis and Tethered cord;Back,leg, right posterior thigh, right knee,left buttock, lateral thigh pain. Difficulty with balance and fine moter skills. Increase in urinary frequency.; Mutiple injections (type unknown);Physical Therapy; This study is being ordered for Congenital Anomaly	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	Radiology Services Denied Not Medically Necessary	hurt back at work and has completed conserved care with no relief; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 no weakness or reflex abnormality.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 recent evidence of a thoracic spine fracture.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary		1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Multiple Sclerosis	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	hurt back at work and has completed conserved care with no relief; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has previous ACDF in 2019 for large disc herniation and central stenosis.;MRI of the lumbar spine for further evaluation.; 12/07/2020; There has been treatment or conservative therapy.; Has chronic neck pain that causes headaches as well as radiation of pain into the bilateral arms worse on the left. She has impaired dexterity, balance, and will drop objects frequently.;Has chronic lower back pain that radiates into the posterior aspect; Does take Celebrex, Soma, Hydrocodone-acetaminophen 7.5-325mg and Fioricet.;In Physical Therapy; This study is being ordered for Neurological Disorder	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 6 weeks of completed conservative care in the past 6 months	20 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Follow-up to spine injection in the past 6 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Abnormal Reflexes	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Focal extremity weakness	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 None of the above	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via BBI.; This case was created via BBI.; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Lower extremity weakness is documented; The documented finding is NOT new or worsening	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 months ago; There are NO documented neurological exam findings/deficits; A trial of over the counter and or prescription medical therapy has NOT been attempted/underway or ineffective; The patient has had None of the above	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 3 months but less than 6 months ago; There are NO documented neurological exam findings/deficits; Has a trial of over the counter and or prescription medical therapy been attempted/underway or ineffective?; The patient has had Heat/Ice therapy; There is NO documentation of a recent (within 6 months) EMG (Electromyography) or NCS (Nerve Conduction Study); Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Greater than 6 weeks but less than 3 months ago; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Are there documented neurological exam findings or deficits?; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; This case was created via RadMD.; This case was created via RadMD.; Continued; Imaging is being requested for low back pain.; The pain started Within the last 6 weeks; A complete physician exam including pain score and neurological assessment testing has been done and documented in the medical record; The Pain Score is not documented or is unknown; Neurological exam findings or deficits are Not documented or unknown; Continue	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	BONE LESION INCREASED PAIN; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pt reports bloody acute frequency worsening patterns abdominal pain, low back pain with urinary urgency and blood in urine; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	see chart note; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	increased size and nodularity around the MCP joints dorsally at the index and long finger of both hands. ;x-rays demonstrate well-maintained MCP joint space, not clinically consistent with nodularity about her MCP joints specifically at the MCP of the in; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 2018; There has been treatment or conservative therapy.; nodularities at MCP joints dorsally at the index and long finger of both hands; anti-inflammatories, rheumatology evaluation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient received joint injection(s).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 not from a recent injury, old injury, chronic pain or a mass.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient requires left triple arthrodesis with deformity correction, possible take down of distal tib/fib fusion with malunion correction; This study is being ordered for trauma or injury.; 8/01/20; There has been treatment or conservative therapy.; Patient has pain and difficulty walking; Previous L Ankle and Foot surgery with previous ankle fusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; '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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; the primary symptoms are pain; conservative physical therapy and home excise , muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; It is not known if there are symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Oct-Dec 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.; 3 months ago; There has been treatment or conservative therapy.; Elevated liver enzymes , Iron; Medications, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology		
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 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.		
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 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.; 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		
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 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 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		
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	were normal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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); irritable bowel syndrome characterized by constipation; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; 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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 Known Tumor.; This study is being ordered for staging.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing;	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with	Radiology Services Denied Not Medically Necessary	Type 2 diabetes mellitus without complications; This is a request for a CT scan for evaluation of coronary calcification.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and	Radiology Services Denied Not Medically Necessary	abnormal arterial doppler.; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Chest pain, syncope, dyspnea with exertion, abnormal EKG, need further evaluation of aorta as chest X-ray showed prominent thoracic aorta, patient has risk factors of DM, HTN, hyperlipidemia and positive family history; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and	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 member has known or suspected coronary artery disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	CT VENOGRAM: ABDOMEN, PELVIS & LOWER EXTREMITIES;; Patient is a 48 yr old male with a with pain, aching and swelling in both legs. Patient has seen another physician for this problem in the past. He reports previous vein procedures on the right leg. Hi; Requestor has decided to proceed with the unlisted code.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	40-year-old white female who presents with recurrent episodes of mid precordial pressure-like chest pain radiating into her back, specifically into her interscapular region, associated with dyspnea, severe in intensity, lasting less than 5 minutes, althou; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	51-year-old white female who presents with episodes of sudden onset diaphoresis associated with nausea, lasting less than 5 minutes, moderate to severe in intensity, spontaneous resolution. Symptoms are randomly occurring with no identifiable precipitant; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 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; The is patient being started on or is already on another medication not listed above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 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; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	5 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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,	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.	1 2020	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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,	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	will upload clinicals; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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 Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Spoke with referring MD who states patient's vulva is friable and he has no doubt it is cancer. He had his two partners to look at it and they also agree it is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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)	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain, shortness of breath, pre op evaluation for non cardiac surgery; This study is being ordered for Vascular Disease.; 11/19/2019; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/28/2020; There has not been any treatment or conservative therapy.; patient sharp pain on left side, fatiguenon exertional; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	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;	Radiology Services Denied Not Medically Necessary	Chest pain, shortness of breath, pre op evaluation for non cardiac surgery; This study is being ordered for Vascular Disease.; 11/19/2019; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	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;	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.; New patient with HTN, morbid obesity, h/o colon CA. Has congestive heart failure, cardiomyopathy and hypotension. BMI is 38.84; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Unknown	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		8/12/2020; It is not known if there has been any treatment or conservative therapy.; gross 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	08/27/2018; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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).	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	suspected neoplasm; "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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	UNKNOWN; There has not been any treatment or conservative therapy.; 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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	INJURY OF THE BLADDER; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED RISING PSA MRI FOR SUSPICION OF PROSTATE CANCER; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the bladder.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	None Given; This is a request for a Pelvis MRI.; Surgery is not planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	7 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	8/12/2020; It is not known if there has been any treatment or conservative therapy.; gross 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/27/2018; There has been treatment or conservative therapy.; Clinicals faxed; Clinicals faxed; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if the urinalysis was positive for bilirubin, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	9 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 something other than bilirubin, 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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; sept 2020 several tumors previously looking to maintance on history of tumors, Hematuria present; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); FAX INFO; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); MULTIPLE RENAL CYSTS AND LEFT FLANK PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RECURRENT URINARY TRACT INFECTION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); recurrent UTI; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	28 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Ente Additional Clinical Information;Pt presents to the office for hospital f/u where she was found to have UTI as well as rhabdomyolysis. Pt states that she has recurrent UTI and difficulty urinating. We are wanting the ct abdomen and pelvis to r/u uret; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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; HYDRONEPHROSIS; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; Ruling out afystila; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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; URINARY TRACT INFECTION; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	17 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; 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.; faxing records; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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 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; It is not known if there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 are unknown.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	4 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneymism or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	6 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	46 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	UNKNOWN; There has not been any treatment or conservative therapy.; 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 Cancer/ Tumor/ Metastatic Disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is unknown if the patient had chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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."; renal mass	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormality was found on the spleen during a previous CT, MRI or Ultrasound.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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 Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axumin)	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	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.	3 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Elevated PSA, greater than or equal to 20 ng/ml CT and bone scan ordered for metastatic workup; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Follow-up of 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Nodule on rt. penal shaft, tenderness and testicular pain.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PROSTATE CANCER STAGE T1C GLEASON GRADE 6 ACTIVE SURVEILLACE; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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	Oct-Dec 2020



10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 known if 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; The study 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 are unknown.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); FLANK PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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 abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	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.; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Chief complaint is left renal abnormality on CT. He has been having left side pain that is intermittent Pain is severe enough to wake him up at night. Want to do a CT guidance for needle biopsy of left kidney; Requestor has decided to proceed with the unlisted code.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Urology	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 is a PET Scan with 18F-Fluciclovine (Axumin)	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast		referral for known vertebral artery injury; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; numbness in feet; Atherosclerosis Native Vessels of the right lower extremities with severe claudication, left fempop bypass, AAA known.;Post-Op Dx: same, has thoracoabdominal aortic aneurysm. SFA CTO;Aortogram with bilateral lower extremity runoff, right femoropoplitea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	History of thoracic aneurysm history obstructive sleep apnea history of hypertension history of hyperlipidemia patient overall is doing well no chest pain shortness of breath or palpitation he gets yearly CT angiography for his aneurysm follow-up no ische; This study is being ordered for Vascular Disease.; History of thoracic aneurysm history obstructive sleep apnea history of hypertension history of hyperlipidemia patient overall is doing well no chest pain shortness of breath or palpitation he gets yearly CT angiography for his aneurysm follow-up no ische; There has been treatment or conservative therapy.; aneurysm; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has outlet syndrome; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	referral for known vertebral artery injury; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; numbness in feet; Atherosclerosis Native Vessels of the right lower extremities with severe claudication, left fempop bypass, AAA known.;Post-Op Dx: same, has thoracoabdominal aortic aneurysm. SFA CTO;Aortogram with bilateral lower extremity runoff, right femoropoplitea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	History of thoracic aneurysm history obstructive sleep apnea history of hypertension history of hyperlipidemia patient overall is doing well no chest pain shortness of breath or palpitation he gets yearly CT angiography for his aneurysm follow-up no ische; This study is being ordered for Vascular Disease.; History of thoracic aneurysm history obstructive sleep apnea history of hypertension history of hyperlipidemia patient overall is doing well no chest pain shortness of breath or palpitation he gets yearly CT angiography for his aneurysm follow-up no ische; There has been treatment or conservative therapy.; aneurysm; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	10 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color	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.; There are new symptoms suggesting worsening of heart valve disease	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	Radiology Services Denied Not Medically Necessary s/p MVC with trauma pan scan revealing multiple aortic thrombi without dissection; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Vascular 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	Vascular surgeon needs an angiography study in order to see if the patient needs surgical intervention. CT scan shows enlargement of the AAA from 2019.; This study is being 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.; Unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular 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	Vascular surgeon would like to see images with IV contrast to determine if surgical intervention is necessary. Patient was unable to be given IV contrast at the time of last scan due to an elevated creatinine.; This study is 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 a history of open aortic aneurysm repair in 2013. Aorta continues to be aneurysmal throughout with a large amount of mural thrombus. Patient was in our office (imaging facility) on 10/15/2020 for this scan, but due to her Creatinine being elev; There has been treatment or conservative therapy.; Unknown; No info given, except that patient has had an open aortic aneurysm repair in 2013.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &gt;FAX INFO; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Oct-Dec 2020

10/1/2020 - 12/31/2020	10/1/2020	Vascular 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	Vascular surgeon needs an angiography study in order to see if the patient needs surgical intervention. CT scan shows enlargement of the AAA from 2019.; This study is being 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.; Unknown; 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	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular 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	Vascular surgeon would like to see images with IV contrast to determine if surgical intervention is necessary. Patient was unable to be given IV contrast at the time of last scan due to an elevated creatinine.; This study is 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 a history of open aortic aneurysm repair in 2013. Aorta continues to be aneurysmal throughout with a large amount of mural thrombus. Patient was in our office (imaging facility) on 10/15/2020 for this scan, but due to her Creatinine being elev; There has been treatment or conservative therapy.; Unknown; No info given, except that patient has had an open aortic aneurysm repair in 2013.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Oct-Dec 2020
10/1/2020 - 12/31/2020	10/1/2020	Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s),	Radiology Services Denied Not Medically Necessary	s/p MVC with trauma pan scan revealing multiple aortic thrombi without dissection; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Oct-Dec 2020