07/01/2026 - 09/30/2026

Spec Name	Min Outcome	Diag Proc	Reason For Denial	Indication Offered	Auth Count
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.	28
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	8
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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	12
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; The patient is on anticoagulation or blood thinner treatments	16
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; 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; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound showed 50 - 69% stenosis. ; It is unknown if the patient is having symptoms.	4
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	4

Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
Advanced Practice Registered Nurse	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material			8
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 known tumor or metastasis in the neck.	12
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.; It is not known if there is a palpable neck mass or lump.	4
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.	4
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 been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Vascular abnormalities best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Advanced Practice Registered Nurse	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.	4
Advanced Practice Registered Nurse	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	4
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	4

Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); 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	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	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.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; It is unknown if the patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is NOT a concern for optic neuritis. ; The concern is one that is not listed above.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is a plan to start or switch the patient's treatment. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is NOT a plan to start or switch the patient's treatment. ; The treatment was NOT changed in the past 3 - 6 months. ; There was NOT a brain MRI completed in the past one (1) year. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 26 - 27. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	8
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the right ear. ; The hearing test showed sensorineural hearing loss. ; The ordering provider's specialty is NOT otolaryngology.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	12
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	20
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	20
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a history of stroke. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	4
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4

Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	20
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	52
Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
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 being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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 being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
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 another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	20
Advanced Practice Registered Nurse	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
Advanced Practice Registered Nurse	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; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4

Advanced Practice Registered Nurse	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.	4
Advanced Practice Registered Nurse	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	4
Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material		It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does 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.; He does have a positive straight leg test bilaterally. He also weakness with left EHL, likely 3/5 on the left.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Pre-Operative Evaluation	4
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Known Tumor with or without metastasis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed. ; A suspected or known spine infection is the reason for this request.	4
Advanced Practice Registered Nurse	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	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has known Multiple Sclerosis (MS). ; The patient is 13 years or older.; The cervical spine has lesions. ; The patient is currently on medication for Multiple Sclerosis (MS). ; The patient is stable on their current treatment. ; Multiple Sclerosis (MS) is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	12
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected Multiple Sclerosis (MS). ; The patient is 13 years or older.; Multiple Sclerosis (MS) is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 1 - 3 sessions. ; Neck pain is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; The physical exam findings were not documented or are unknown.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; It is unknown what the reflex exam findings are.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The x-ray showed scoliosis. ; The patient is 10 years or older.; An abnormal x-ray is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; 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	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for 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.	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for 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.;	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for 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.; RELAPSE REMITTING MULTIPLE SCLEROSIS	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	4
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			16
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4

Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Advanced Practice Registered Nurse	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 NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4

Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 month.	4
Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive empty can test was documented in the office visit note.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive lift off test was documented in the office visit note.	16
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	20
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; This request is a pre-operative study.; The patient is scheduled for elbow surgery within the next month.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; This request is a pre-operative study.; The patient is scheduled for wrist or hand surgery within the next 1 - 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; The member has 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 evalutation of wrist pain.	4

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; Surgery or arthrscopy 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.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient's current treatment plan is for initial staging. ; This request is for a known tumor or mass.; The tumor or mass started in the upper extremity (primary).; A tumor or mass is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The reason for this request is for another concern that is not listed.	8
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.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
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.	12
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 not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	4
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 recevied joint injection(s).	4
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 not directed conservative treatment for the past 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	20

Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	4
Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This request is a pre-operative study.; It is not yet determined when the elbow surgery will be scheduled.	8
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
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.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	4
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.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
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.; The study is being ordered forfoot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
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 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	16
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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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	8

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 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	4
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	36
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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	12
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 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	4
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 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	4
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.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
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.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
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.; 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.	4

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.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
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.; 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.	4
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 not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	8
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 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.	4
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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 study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	8
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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	12
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.	8
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 not failed a 4 week course of conservative management in the past 3 months.	4
Advanced Practice Registered Nurse	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is a first follow up study for a post operatove complication.; The requested study is for post-operative evaluation.; This study is being ordered as a pre-op or post op evaluation.	4

Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	8
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Advanced Practice Registered Nurse	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 Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Advanced Practice Registered Nurse	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; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The imaging study was completed within the past month. ; The prior imaging showed a kidney stone. ; This request is for a follow-up or a known kidney stone. ; The kidney stone was found on X-ray.; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient does not have pain or fever, an elevated white blood cell count or a reduced white blood cell count, and is not taking medication for this concern. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed within the past month. ; The prior imaging study was unremarkable. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This request is for a follow-up or a known kidney stone. ; The kidney stone was found on CT. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	8

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been 5 years or less since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 9 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed 3 - 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	12
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the blood vessels including the aorta (AAA).; Blood vessel stenosis was found on prior imaging.	4

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	8
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; Lab testing has been completed.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	40
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	20
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	20
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12

Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	8
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It is unknown if the patient had recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	16
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	8
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	4
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for suspected inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.; The last colonoscopy was completed 6 - 12 months ago.	4
Advanced Practice Registered Nurse	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, Plastic Surgery, Thoracic Surgery, General Surgery, Urology or Surgical Oncology; This study is being requested for vascular disease.; The patient does not have a NEW onset of abdominal or back pain.; The renal (Kidney) is involved.; An ultrasound has been conducted.; The results of previous imaging were abnormal.	4
Advanced Practice Registered Nurse	Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing		This is a request for CT Colonoscopy for screening purposes only.	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The patient is experiencing chest pain; The Member is 60 years old or older; This study is requested for coronary artery disease	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Advanced Practice Registered Nurse	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Advanced Practice Registered Nurse	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
Advanced Practice Registered Nurse	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Advanced Practice Registered Nurse	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 procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
Advanced Practice Registered Nurse	Approval	76390 Magnetic resonance spectroscopy		This is a request for MRS.	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	8
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Advanced Practice Registered Nurse	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; This study is being ordered for Follow-up to a prior test	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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 more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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 more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Severe stenosis or severe 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; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; 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; This study is being ordered for Chest pain of suspected cardiac etiology	16
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	16
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	20
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; 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.; The ordering provider's specialty is NOT Cardiology or Nephrology	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	4

Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	12
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	16
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Advanced Practice Registered Nurse	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		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 ordering MDs specialty is not Cardiology or Cardiac Surgery; The vessel that had the stent inserted is Left Main Coronary Artery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		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	4
Advanced Practice Registered Nurse	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	24
Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
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.	8
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 known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4

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 headhache within the past month; Headache best describes the reason that I have requested this test.	12
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.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
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 the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
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 patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Advanced Practice Registered Nurse	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	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 procedure is being requested for something other than listed; A Neck CTA is being requested	4
Advanced Practice Registered Nurse	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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 study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	12
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 study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	8
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 study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
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 study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	8
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 study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	4
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 study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	8
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 study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	16
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 study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	16
Advanced Practice Registered Nurse	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	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Advanced Practice Registered Nurse	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Advanced Practice Registered Nurse	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; 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; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; 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.; Pain has worsened with weakness in leg and history of falling; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
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.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; 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.; Focal tenderness over the lower back on palpation at a specific area; adjacent area reported as not painful to palpation.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
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.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
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.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Advanced Practice Registered Nurse	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

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	The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	12

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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

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	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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	The reason for this request is for another concern not listed.	12
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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 case was created via RadMD.; 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	12
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4

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 case was created via RadMD.; 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	8
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	4
Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is between 12,000 to 15,000.	8
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 reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
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 reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did NOT include flexion and extension views.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown how the sensory change was documented.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has received injections for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	16
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are unknown.; The patient is having worsening back pain symptoms.	4
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 reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
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	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	4
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	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	12
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; It is unknown if the patient is having a prostate biopsy.	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Remission or surveillance is the patient's current cancer status. ; Cancer or tumor is the reason for this request. ; According to the patient's chart prostate cancer is known or suspected.; Prostate cancer is known.; The patient has had prior treatment for prostate cancer.	4
Advanced Practice Registered Nurse	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has NOT participated in conservative care treatment in the past 6 months. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
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	Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has NOT completed an elbow X-ray in the past 3 months.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	8
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 ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
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 ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4

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 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.	4
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 pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
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 patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Shoulder pain is the reason for this request.; A frozen shoulder was documented in the office visit note.; The patient has completed a shoulder X-ray in the past 3 months.	4
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 patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	8
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 patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; Elbow pain is the reason for this request.; Joint tenderness is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
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.	4
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 not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; He reports c/o left shoulder pain over the past few months that is getting worse. Has been doing stretches and exercises without improvement. States that he has a hx of torn labrum of the right shoulder many years ago, cannot recall as to the discomfort h	4
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.	8
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 a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
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 a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	20
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 not from a recent injury, old injury, chronic pain or a mass.	8

Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4
Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; 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	4
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	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 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	4

Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is 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.	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; 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; The primary symptoms began less than 6 months ago	8

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.	8
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 due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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 study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Advanced Practice Registered Nurse	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Is this a request for one of the following? MR Angiogram lower extremity	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are clinical findings or indications of Lymphadenopathy.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	12
Advanced Practice Registered Nurse	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	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Advanced Practice Registered Nurse	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	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis shows 0 - 2 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has completed an ultrasound for this problem. ; The imaging study was completed more than 10 weeks ago. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; It is unknown the percentage of total body weight the patient has lost in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8

Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	8
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Advanced Practice Registered Nurse	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	12
Advanced Practice Registered Nurse	Disapproval	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)	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	4
Advanced Practice Registered Nurse	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	4
Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
Advanced Practice Registered Nurse	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Advanced Practice Registered Nurse	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Advanced Practice Registered Nurse	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4

Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	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 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 has None of the above physical limitations; The patient 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	4
Advanced Practice Registered Nurse	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8
Advanced Practice Registered Nurse	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 Pet Scan with CT for Attenuation.; Dementia, Alzheimer's or seizure evaluation is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The billed CPT code will NOT be 78608 (Brain Pet; Metabolic evaluation) or 78609 (Brain Pet; Perfusion evaluation)	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was NOT considered abnormal; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild 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 NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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 more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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 pre-operative or post operative evaluation.	8
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler 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 a Cardiac Embolism.	4

Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler 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 a 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.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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) indicative of heart disease.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	4
Advanced Practice Registered Nurse	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Advanced Practice Registered Nurse	Disapproval	93350 Stress Tte Only	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
Allergy & Immunology	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.	4
Allergy & Immunology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Anesthesiology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
Anesthesiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
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; 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.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; 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.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; The patient has been diagnosed with neurological deficits. ; The study is being ordered for a Pre-Operative Evaluation	4

Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; 05-27-2026 oxycodone 10 mg oral tablet 06-26-2026;03-04-2026 pregabalin 100 mg oral capsule 05-03-2026;12-09-2025 tizanidine 4 mg oral tablet 02-07-2026;12-10-2024 glipizide 5 mg oral tablet 01-09-2025;12-02-2024 bupropion HCl 150 mg oral tablet exten; 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.; She complains of worsening of lower back pain radiates to leg for more than six;weeks. Pain is not currently being managed with activity modification, home exercise program, over the;counter NSAIDs and current treatment regimen. Pain often associated wi; This study is being ordered for None of the above	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; This study is being ordered for Suspected Tumor with or without Metastasis	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Lhermitte's sign was documented on the physical exam.	20
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			4
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 have new signs or symptoms of bladder or bowel dysfunction.	4
Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	4
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?	4
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 Known Tumor with or without metastasis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4

Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	12
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4

Anesthesiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
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.	4
Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			4
Anesthesiology	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72128 Computed tomography, thoracic 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Anesthesiology	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8

Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	8
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
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.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	4
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?	4
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	4

Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has experienced persistent mid-back pain for more than 6 weeks despite conservative home management, including activity modification, adherence to a home exercise program, and oral medications (meloxicam, tramadol, and duloxetine). Symptoms ha	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as 5 (5/5).	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	16
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; It is unknown who directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	8
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Anesthesiology	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 case was created via BBI.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Anesthesiology	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 case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Anesthesiology	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Anesthesiology	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12

Anesthesiology	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 case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Anesthesiology	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 case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	12
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Anesthesiology	Disapproval	72192 Computed tomography, 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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has NOT completed a pelvic x-ray in the past 3 months.	4
Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Anesthesiology	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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Anesthesiology	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is being requested for a patient with Malignancy (such as myrloma).	4
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure was more than 6 months ago; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Carotid endarterectomy was performed; A Neck CTA is being requested	4
Cardiac Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Cardiac Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	12
Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study being ordered for pre-operative evaluation prior to valve surgery.; The condition is known; This study is requested for valve disorders	4

Cardiac Surgery	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is being requested to evaluate the heart before non cardiac surgery	4
Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		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 Cardiac Surgery; The patient is On continuous oxygen therapy	4
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		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	24
Cardiac Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	12
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	8
Cardiac Surgery	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	44
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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 patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Cardiac Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Cardiac Surgery	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; 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 Cardiac Surgery; The patient is On continuous oxygen therapy	4
Cardiac Surgery	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
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	This is a request for CT Angiography of the Abdomen and Pelvis.	4

Cardiac Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	4
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; 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.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	8
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is NOT being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if a procedure is being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	8
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound did not show stenosis OR showed less than 10% stenosis.	4
Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	8

Cardiology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	12
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Suspected venous thrombosis best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in more than 6 months; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; A Neck CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	16
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
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 been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			4

Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			12
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	4
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 Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

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; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery	4
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.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has not been 6 months or more since the patient's last Chest CTA. ; There is a worsening heart exam.	4
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.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	4
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.; There is NOT a tumor with need to clarify vascular involvement.	4
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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	28
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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	8
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 a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
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 a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs. ; There is an echocardiogram or x-ray suggesting aortic aneurysm.	4
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 another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	8
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 or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	12

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	8
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	72
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)		This is a request for an MR Angiogram of the chest or thorax	12
Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the upper extremity.	4
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.; This study is being ordered for a suspicious mass or tumor.	4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	12
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	4
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	68
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 Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
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; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; It is unknown if this imaging request is for preoperative planning for Aortic Aneurysm repair surgery	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; The patient had a recent ultrasound.; This is being requested for Renal Artery Stenosis; The ordering MDs specialty is Cardiology.	4
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; The patient has NOT had a recent ultrasound.; This is being requested for Renal Artery Stenosis	8
Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; This is being requested for None of the above	12
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the blood vessels including the aorta (AAA).; The type of blood vessel problem found on prior imaging is another finding not listed above.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	16

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.	8
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, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)		This is a request for Heart CT Congenital Studies.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image			32
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; 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.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		57-year-old male with Type 2 Diabetes, Hypertension, Hyperlipidemia, and Obesity presented with chest pain and underwent Lexiscan stress test which was abnormal concerning for possible obstructive coronary artery disease. CCTA is medically necessary for f; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		CHEST PAIN, CAD RISK, NOT TREADMILL CANDIDATE; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Clinically and electrocardiographically non-diagnostic treadmill exercise; test.; No evidence of stress induced wall motion abnormalities at submaximal; treadmill exercise (reached only 74% of THR).; Poor exercise tolerance.; Hypertensive blood press; 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.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		November 2024 coronary calcium score was 66.7--56.6 in the LAD, and 10.1 in the circumflex.;June 2025 limited echo revealed EF at 50-55%, GLS -15.6%.;June 2025 bilateral carotid artery Doppler showed no significant stenosis in bilateral internal carotid; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; 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
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Patient is a 53-year-old female with known CAD (3 stents, last placed 2020), DM, HTN, AFIB, COPD, and morbid obesity. Recent Lexiscan stress test revealed abnormal findings (small anteroseptal wall reversible perfusion defect). Patient has persistent noct; 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.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Patient reports recent worsening of symptoms with exertional chest pain, palpitations and dyspnea. Pt has history significant for supraventricular tachycardia, mild mitral regurgitation and mildly dilated left ventricle. Recommend CTA to evaluate further; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		Technically good 2-D, M-mode, color Doppler, and tissue Doppler;transthoracic echocardiogram were performed in real-time.; ;2. The aortic root is normal.; ;3. The left atrium is normal: Right atrium normal.; ;4. Left ventricle is normal: Right vent; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		The patient is Male.; The patient has NOT had an abnormal prior imaging test resulting in a stent or bypass.; The patient has cardiac related chest pain that is described as in the sternum and is triggered by exercise.; The chest pain does occur at rest.; Evaluation for heart blockages (suspected coronary disease) is the reason for this exam.; The member is 40 years or older.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		The reason for this exam is for another concern that is not listed.; Arrhythmia-related ischemia evaluation is the reason for this exam.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		The reason for this request is because the patient has new heart failure.; The heart failure is related to the structure of the heart.; Heart failure/left ventricular dysfunction (ischemic evaluation or viability) is the reason for this exam.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This 37-year-old female presents with chest tightness, daily palpitations, shortness of breath, and dizziness. Lexiscan stress test performed on 09/03/2026 revealed a small inferior wall reversible perfusion defect with EF 63 percent, indicating inducible; 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.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; Another test not listed was done in the last 6 weeks; This study is requested for coronary artery disease	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; This study is requested for valve disorders	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		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.	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	112
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	120
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Female.; The condition is suspected; No other testing has been done in the last 6 weeks; The patient is not experiencing chest pain; The Member is 60 years old or older; This study is requested for coronary artery disease	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient is Male.; The condition is suspected; No other testing has been done in the last 6 weeks; The Member is 50 years old or older; The patient is experiencing chest pain; This study is requested for coronary artery disease	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		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.	16
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		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	12
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	8
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	76

Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for Electrophysiology ablation planning; The ordering MDs specialty is Cardiology.	4
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; This study is requested for none of the above	16
Cardiology	Approval	75574 Ct Angio Hrt W/3d Image		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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			4
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		It is unknown why this procecure is being requested	4
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		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for post-procedural evaluation; Vascular stents were performed; The procedure was 6 months ago or less	4
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		This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	8
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		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Toe Brachial Index (TBI); The study was abnormal	12
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		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	64

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		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
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		This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
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		This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The results of the study are unknown	4
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		This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan			28
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4

Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	72
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	12
Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing			20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; 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.	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Atherosclerotic heart disease of native coronary artery without 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		ATYPICAL CHEST PAIN;COPD;TYPE 2 DIABETES;ANGINA PECTORIS;FAMILIAL HYPERCHOLESTEROLEMIA; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		ATYPICAL CHEST PAIN, FATIGUE, NEAR SYNCOPE, BRADYCARDIA; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		B foot pain that has persisted for years. Reports the pain being constant and sharp in nature. Denies numbness/tingling in the feet. Pt will occasionally take Meloxicam and Diclofenac. Denies using modalities. Pt has had injections in his feet and reports; This is 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Back pain has been managed with chiropractic care over the past few years. She uses a heel lift for a leg length discrepancy; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Based on two-dimensional echocardiographic Doppler study done on 5/26/2026; ;Recommend:;Left ventricular ejection fraction is down to 30%. Left ventricular diastolic dysfunction is unchanged.;Obtain myocardial perfusion imaging study.;Assure external; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		BMI is 39.03, active smoker, HTN.;;Chronic back pain and right knee pain with reduced mobility.; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CAD, CABG FOLLOW UP WITH STENT; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		can not walk on treadmill; This is 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Cardiomyopathy:He recent started noticing some breathlessness with routine activity. Got the point where it was impacting Him on a daily basis.Apparently went to a walk-in clinic or emergency room. From 1 describes a suspect he was in pulmonary edema. An ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain and shortness of breath-Symptoms prompted cardiac evaluation; diabetes may blunt ischemic symptoms. EKG reviewed: sinus rhythm, low voltage, poor R wave progression;- Baseline cardiac testing discussed; concern for atherosclerosis due to diabe; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain with hypertension, hx of DVT and PE; 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

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, chronic, low-mod prob of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, neck and left arm pain, shortness of breath, iron deficiency, 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		chest pain, sob, copd, abn ct, unable to walk on treadmill due to back surgery and disability; This is 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		CHEST PAIN, UNABLE TO WALK ON TREADMILL DUE TO EXERTIONAL CHEST PAIN, PT ON METOPROLOL; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, unspecified type;Atherosclerotic heart disease of native coronary artery without angina pectoris;DOE (dyspnea on exertion) R07.9;I25.10;R06.09 Cardiac screening, intermediate CAD risk; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Contact patient regarding result. CTA of the chest showed no ; No pulmonary embolus no right heart strain. There is ;mild pulmonary vascular congestion. If shortness of breath recommend furosemide 20 mg daily for 4 to 5 days then stop and take it as ne; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Coronary artery mapping; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		EKG: Normal sinus rhythm. Right axis deviation. Intraventricular conduction delay. Suspicious Q waves in inferior leads.; This is 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		episode of wheezing last night that lasted about 5 minutes after walking her daughter to a car. This episode caused concern about possibly needing hospital care. She continues to use her albuterol inhaler and prefers Trelegy over Symbicort. She has previo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		He has known coronary disease status post PCI in the setting of acute MI in 2021, hypertension, hyperlipidemia and diabetes mellitus. His EKG today shows normal sinus rhythm with incomplete right branch block with possible previous inferior infarct age un; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		He is a 53-year-old African-American male with history of CAD status post PCI, chronic systolic congestive heart failure LVEF of 30-35%, hypertension, nonsustained VT. He was seen by heart failure team and reported having episodes of chest pain.; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		he was diagnosed in the past with manic depression. She took her mom's pill when she was in 9th grade and was admitted to psychiatric unit and started to use Methamphetamine for the most part to cope up with her mental problem. She currently quitted meth ; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Herniated lumbar disc with radiculopathy; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		High risk patient with CAD status post CABG, status post MI having recurrent chest pain that is induced with stress and relieved with nitroglycerin. HE IS UNABLE TO WALK ON A TREADMILL DUE TO COPD, MULTIPLE PRIOR BACK SURGERIES, AND CHRONIC 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		High-risk patient with history of MI, multiple stents, and multiple risk factors having chest pain with exertion. HE IS UNABLE TO PERFORM AN EXERCISE STRESS TEST DUE TO COPD AND PERIPHERAL VASCULAR DISEASE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		hx of CABG, dyspnea, hypertension, afib; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Hx of MI, CAD, Stent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		ith a history of asthma, hypertension, and higher body weight presenting with chest pressure, shortness of breath, bilateral ankle swelling, and concerns about elevated blood pressure.; ;The patient reports that his shortness of breath began on Friday e; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Jason A Robison presents to clinic for follow up. He states that he intends to resume work as a commercial vehicle driver. He reports persistent chest pain in the right parasternal and sternal area despite prior pain-management nerve injections. Symptom; This is 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		LUNGS/PLEURA : ;There is moderate centrilobular emphysema. Stigmata of prior ;granulomatous infection. No suspicious nodule. No mass. No acute ;consolidation. ;Large airways are clear. No pleural fluid. No pneumothorax. ; ;MEDIASTINUM: ;Th; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Mr. Cellars is here for evaluation of shortness of breath, fatigue, and HTN. BP today is 150/84. EKG shows a sinus rhythm with 1st degree AV block with right ventricular hypertrophy and possible anterior infarct. He has seen Dr. Thomas in the past and 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 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Musculoskeletal: Positive for joint pain. Negative for back pain, falls (), myalgias and neck pain. ;Skin: Negative for itching and rash. ;Neurological: Negative for dizziness, tingling, tremors, sensory change, speech change, focal weakness, seizures, ; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		New onset , further work up needed , considering the patients risk factors we will get a stress and echo cardiogram. Procedure and risk discussed with patient. He will not be able to walk due to arthritis.; This is 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 less than 20	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		New-onset unstable angina and chest pain relieved by nitroglycerin.;;Abnormal treadmill stress test with inducible myocardial ischemia.;;History of hypertension, hyperlipidemia, and type 2 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 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Obtain Lexiscan for routine ischemic evaluation.Mr. Case is a 58-year-old man with hypertension, hyperlipidemia, type 2 diabetes, morbid obesity, and acute on chronic diastolic CHF. He presents today for a routine follow up. The patient reports shortness ; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Obtain Lexiscan for routine ischemic evaluation.The patient reports intermittent bilateral lower extremity edema, but notes that she does not have significant edema today. She notes ongoing fatigue 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 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient complains of chest pain along with shortness of breath with exertion. Risk factors include hyperlipidemia, hypertension, and positive family history. SHE IS UNABLE TO COMPLETE AN EXERCISE TEST DUE TO MOBILITY ISSUES - SHE WALKS WITH A CANE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient experiencing chest pain that radiates into neck/upper back. Also having chest flutters, fatigue, decreased exercise tolerance, frequent nausea/vomiting, and lower extremity edema. Multiple risk factors for CAD. UNABLE TO WALK A TREADMILL DUE TO; 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

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient experiencing chest pressure. He has known CAD, history of MI, and PCI in August 2025.; This is 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		patient has chest pain, with a history of presyncope. The patient has a strong history of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PATIENT HAS HAD CHEST PRESSURE, AND HAS CALCIFIED CORONARY ARTERIES; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient having chest pain on exertion and shortness of breath. She has known coronary artery disease. SHE IS UNABLE TO WALK ON A TREADMILL DUE TO CHRONIC BACK 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient having chest pains. Multiple risk factors including current smoker, last cholesterol 206, last LDL 131. HE ATTEMPTED REST/STRESS ECHO BUT WAS UNABLE TO REACH TARGET HEART RATE. Symptomatic during exercise, but submax stress made imaging and ECG; 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient is unable to walk on a treadmill due to back pain, joint pan, and arthritis. Patient also has fatty plaque built up in the arteries of her left leg, causing muscle pain or cramping when you walk.; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PATIENT UNABLE TO WALK ON A TREADMILL DUE TO SEVERE RIGHT KNEE ARTHRITIS. She has family history of premature CAD (father died of MI at age 42). Additional risk factors include active smoking history since age 16 and hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		PATIENT UNABLE TO WALK ON TREADMILL DUE TO CHRONIC BACK PAIN, ARTHRITIS, RECENT HISTORY OF MULTIPLE FALLS DUE TO LOSS OF BALANCE, AND EPISODES OF FEELING FAINT. Patient has history of CAD, MI, and stent. Multiple risk factors including hypertension, hyp; This is 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Patient with known CAD, prior stent, experiencing new symptoms of chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Persistent exertional chest pain relieved by rest, with exertional dyspnea. Multiple CAD risk factors including HTN, active smoking, hyperlipidemia, and obesity. Lexiscan MPI ordered to evaluate suspected CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Physical activity includes treadmill use and walking in the yard, but lower back pain limits duration.; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Pt arrives from UAMS outpatient endoscopy clinic as a rapid response for respiratory distress post EGD procedure. Pt arrives on 35% venti mask. Pt placed on BIPAP 28% upon arrival. GCS 15. ; ;Significant Pulmonary History: pt denies COPD or asthma hx. O; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		pt is more obese, high bmi and cannot do the exercise stress test. will get gastric bypass soon if qualified.; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Pt is not ablet to get around due History of deep vein thrombosis foll0wing knee surgery. She will not be able to walk on a treadmill.; 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.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Pulmonary hypertension and COPD are managed concurrently. She reports experiencing tremors for the past few weeks and does not believe they are related to anxiety, as her anxiety symptoms have been well-managed recently. Hydroxyzine provides some relief ; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		she awoke from sleep with a squeezing chest pain radiating from her back to the front. After repositioning, the pain subsided, but she was awakened again 1.5 hours later with shortness of breath, uncontrollable tremors, and chills, prompting her to seek 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 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		She reports experiencing chest pain, which she describes as a sensation of tightness and squeezing, akin to being repeatedly punched in the chest. This discomfort is particularly noticeable during inhalation. The onset of these symptoms was a couple hours; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Sherry Lynn Belt 55 y.o. female is here today for new patient obstructive sleep apnea compliance visit. She had a diagnostic sleep study done 10/27/2025 showing moderate obstructive sleep apnea with an AHI 15, lowest oxygen saturation 83% with recommendat; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		Shortness of breath, it could be multifactorial. The patient says exertional shortness of breath. She has trace to mild bilateral lower extremity edema. Her H2FPEF score is elevated. Shortness of breath could be related to chronic obstructive pulmonar; 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.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		The patient comes in today for an evaluation. He is referred by Dr. Bowers for CAD. Has noticed worsening shortness of breath;with physical activity.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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.; 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; The chest pain was NOT 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 new or changing with new EKG changes or the patient has 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%	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; 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; 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%	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 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 has None of the above; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has 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%	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 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 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; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block; The patient had a prior stent; It is unknown if the patient has documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		The patient has undergone a GXT, but was unable to reach 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 30 to 39	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		The patient is a 57 year old male with new onset left sided chest pain that is nonradiating and relieved with medication or laying down He also reports dyspnea on exertion occasional palpitations fatigue and bilateral peripheral edema He has multiple card; 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
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This 46-year-old female with known coronary artery disease (status post left heart catheterization 2020 with drug-eluting stents to diagonal branch and left circumflex), hypertension, hyperlipidemia, diastolic heart failure, obstructive sleep apnea, and m; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for a Lexiscan nuclear stress test for a 37 year old female with new onset chest tightness daily palpitations shortness of breath on exertion fatigue and dizziness with disorientation The patient has multiple cardiac risk factors includi; This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	124
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	48
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 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	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	32
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 has a Lower extremity amputation	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 Left Anterior Descending	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 Other than listed above	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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 documented ejection fraction of less than or equal to 40%; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; It is unknown when Other cardiac stress testing was completed	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	48
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	176
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	60
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is 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	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is 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	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is 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	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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	20
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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.	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		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.	40
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	108
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	24

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed more than one year ago	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The health carrier is NOT CareSource	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	396
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	16
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; 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; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	78451 Ht Muscle Image Spect Sing		We follow him for coronary disease resulting in CABG x 4 in June 2023; This is 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	4
Cardiology	Approval	93307 Tte W/O Doppler Complete			276
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild 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; This study is being ordered for a history of heart valve disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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 is unknown how long its been since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for a history of heart valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; The study is being ordered for a Murmur.; This study is being ordered for none of the above or don't know.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes; This study is being ordered for Follow-up to a prior test	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes; This study is being ordered for Follow-up to a prior test	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin; This study is being ordered for Chest pain of suspected cardiac etiology	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; 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; This study is being ordered for Chest pain of suspected cardiac etiology	132
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	72
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation of the aorta or major veins arteries related to the heart.; This study is being ordered for none of the above or don't know.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	64
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	12

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; 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.; The ordering provider's specialty is Cardiology	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; 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.; The ordering provider's specialty is Cardiology	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	24
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	168
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	32
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	20
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	48
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	8

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	32
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	4
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	20
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	12
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	464
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of artificial heart valves.	8
Cardiology	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	216
Cardiology	Approval	93307 Tte W/O Doppler 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.; 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.	8
Cardiology	Approval	93307 Tte W/O Doppler 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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	20
Cardiology	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	304
Cardiology	Approval	93307 Tte W/O Doppler 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).	16
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	500
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	140
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	204
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	24
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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 patientÆs cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart may be due to known or suspected valve disease.	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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 a cardiac mass.; 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 a cardiac mass seen on x-ray	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.; 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	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	16

Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	40
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; 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.	52
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; 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.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1172
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12

Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	12
Cardiology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; 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; The primary symptoms began less than 6 months ago	4
Cardiology	Approval	93350 Stress Tte Only			56
Cardiology	Approval	93350 Stress Tte Only		; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	16
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; 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; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; 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 has a Lower extremity amputation	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; 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 On continuous oxygen therapy	8
Cardiology	Approval	93350 Stress Tte Only		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 a Medicare member.; None of the above apply to this patient	8
Cardiology	Approval	93350 Stress Tte Only		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 a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	16
Cardiology	Approval	93350 Stress Tte Only		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 a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	92
Cardiology	Approval	93350 Stress Tte Only		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 Right Coronary Artery	4

Cardiology	Approval	93350 Stress Tte Only		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	4
Cardiology	Approval	93350 Stress Tte Only		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.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	8
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 Stress Tte Only		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	16
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Orthopedic Surgery (non laparoscopic) is being performed; This case was created via RadMD.; Agree	4
Cardiology	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	4
Cardiology	Approval	93350 Stress Tte Only		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.	24
Cardiology	Approval	93350 Stress Tte Only		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.	472
Cardiology	Approval	93350 Stress Tte Only		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	8
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	4

Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgey is scheduled/planned.; Yes, this is a request for a Chest CT Angiography.	4
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	8
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Cardiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	8
Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4
Cardiology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
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	This is a request for CT Angiography of the Abdomen and Pelvis.	4

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	This study is being ordered for Other not listed; The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	76
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	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, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	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 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.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	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 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.	8

Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	July 2026 echo revealed EF at 55-60%, grade I diastolic dysfunction, and mild MVR and TVR,.; 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.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Patient had a TILT Table study done in June 2026; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Study suggests a moderate size moderate severity fixed defect in the in inferior wall suggestive of attenuation artifact; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The condition is suspected; Another test not listed was done in the last 6 weeks; This study is requested for coronary artery disease	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	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.	8
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	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	8
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	24
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	8
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	12
Cardiology	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	4
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	8
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary		4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The 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.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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.; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Atypical chest pain;FHx: premature coronary heart disease;Atherosclerotic heart disease of native coronary artery without angina pectoris; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Cardiovascular and Mediastinum;Migraine;Secondary hypertension; ;Digestive;Esophageal dysphagia; ;Endocrine;;Papillary thyroid carcinoma (HCC);Acquired hypothyroidism;Multinodular goiter (nontoxic);Postoperative hypothyroidism; ;Other;Mixed; 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
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea 50y/o female; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, intermediate CAD risk, DOE; 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
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CTA of coronary arteries demonstrated that visualized thoracic aorta is normal caliber. Calcified lymph nodes and calcified granuloma in the lungs from prior infection. Visualized lung fields are otherwise clear. ;Bone windows without acute abnormality; This is 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Given her risk factors as well as recent findings of elevated calcium score, I believe further cardiac workup is warranted. She will be scheduled for a 2D echocardiogram to assess ejection fraction as well as rule out any valvular complications. She wil; 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

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	He has diabetes mellitus and was diagnosed with gastric cancer last year. Prechemo MUGA reportedly was normal but recently he underwent a repeat MUGA scan which reportedly showed an LVEF of 45%.; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	hospital discharge approximately 2 months ago, ongoing neck and left shoulder pain has been present. The pain is intermittent, with brief periods of relief, and was initially mistaken for a musculoskeletal issue before cardiac evaluation revealed atrial f; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Imaging needed for chest pain, palpitations; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Last BMI: 38.1. Airways are normal. 9 mm pulmonary nodules present ;in the superior segment of the left lower lobe. There is bandlike ;opacities in the right middle lobe with a 6 mm pulmonary nodule. Patin is on Albuterol inhaler 2 puffs by mouth 4 tim; This is 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	NYHA Class I cardiovascular function;Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs;Coronary artery disease involving native coronary artery of native heart without angina pectoris; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has a history of shortness of breath,hypertension,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has back, neck, and joint pain so they can't walk on treadmill; This is 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has known CAD and is experiencing shortness of breath/dyspnea on exertion. He has an abnormal ECG with a 1st degree AV block, RVH, and possible anterior infarct.; This is 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

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient is having chest pain and palpitations. History of hypertension, tobacco abuse, hyperlipidemia, coronary artery disease. Patient has back pain and is planning to undergo back surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient is required by department of transportation to undergo stress testing to be able to return to work. He has a known history of CAD, NSTEMI, and most recent stent was 2/2026.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	PT is non compliant; 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.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Reports chest pressure and palpitations, especially when lying down. EKG showed sinus tachycardia with no acute changes. Shortness of breath occurs only with physical activity. Order nuclear stress test with treadmill and imaging intermediate risk for CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	She continues to experience abdominal discomfort, which is exacerbated by certain movements. Additionally, there is a recurrence of leg pain, although it is less intense than previous episodes. Accompanying this pain is an increase in numbness, indicative; This is 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	She is also reporting increased numbness/tingling in the bilateral feet. She is a type 2 diabetic with polyneuropathy. We have discussed Qutenza today.; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Sheila returns to the infectious disease clinic today for follow-up on a complex lung infection. She has been on doxycycline and amoxicillin twice daily for several weeks. She reports that she is taking this as directed without missing doses. She is no; This is 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	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Shortness of breath, chest pain, Guillain Barre syndrome, dizziness, syncope, swelling in ankles; 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	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%	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed more than 3 months ago	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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 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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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 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 relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; 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	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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.	12
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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	20
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	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.	76
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; 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; The primary symptoms began less than 6 months ago	4

Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	UNABLE TO WALK ON TREADMILL DUE TO COPD;;Atrial flutter remains symptomatic, with heart rates rising to 158-161 bpm during exertion and heat exposure. At rest, heart rate returns to baseline. Symptoms limit activity outdoors, particularly in warm or hum; 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
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	UNKNOWN; 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.; It is not known if 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.	4
Cardiology	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Will eval w/ Holter for tachy/brady as causation of dizziness and nuclear perfusion to eval coronary artery and stents. CAD: s/p stents. It has been 3 yrs so we will check w/ perfusion test;2. Palpitations: w/ PMH of tachycardia;3. Orthostatic 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 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	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was not listed; This study is being ordered for Follow-up to a prior test	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an 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; This study is being ordered for a history of heart valve disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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; This study is being ordered for a history of heart valve disease.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Stress Echocardiography has been completed; This study is being ordered for Follow-up to a prior test	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a pre-operative or post operative evaluation.	4

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	12
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a 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.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a 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.	12
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a 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.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 a 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.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 10 - 11 months since the last echocardiogram.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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.	16

Cardiology	Disapproval	93307 Tte W/O Doppler 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.	32
Cardiology	Disapproval	93307 Tte W/O Doppler 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 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.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	136
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patientÆs cardiac symptoms.	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	8
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patientÆs cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 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.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 Heart Failure; This is for the initial evaluation of heart failure.	32
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; The reason for ordering this study is unknown.	12
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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) indicative of heart disease.	4

Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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) indicative of heart disease.	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.; 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	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	32
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	12
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; 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.	8
Cardiology	Disapproval	93307 Tte W/O Doppler 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 none of the above; 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.	4

Cardiology	Disapproval	93307 Tte W/O Doppler 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 Pulmonary Hypertension.	12
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	24
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Cardiology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	20
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	4
Cardiology	Disapproval	93350 Stress Tte Only	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.	4
Cardiology	Disapproval	93350 Stress Tte Only	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	28
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	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.	20
Cardiology	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 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
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Chiropractic Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	4
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.	4
Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Inflammatory bowel disease (IBD) is the reason for this request. ; This study is for suspected inflammatory bowel disease (IBD). ; The last colonoscopy was completed 6 - 12 months ago.; The ordering provider's specialty is not gastroenterology.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	12
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Colon & Rectal Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	4
Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
Doctors and Rehabilitation	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Doctors and Rehabilitation	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 2 / 4 (2 out of 4) Normal reflex.	4

Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Doctors and Rehabilitation	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Emergency Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a family history of aneurysm or arteriovenous malformation (AVM). ; The grandparent(s) had an aneurysm or arteriovenous malformation (AVM).; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4

Emergency Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new difficulty grasping or holding objects. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The decrease in reflexes is present in both arms or hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 0 / 4 (0 out of 4) No reflex.	4
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
Emergency Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	4
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.	4
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 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.	4

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 from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
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		There is a pulsaitile 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 not a pre-operative study for planned surgery.; Non Joint is being requested.	4
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.; 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	4
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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12
Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		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
Emergency Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Emergency Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	8

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.	4
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 new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Emergency Medicine	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	4
Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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 None of the above; 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.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4

Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4
Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	4

Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	4
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	8
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Emergency Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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	4
Emergency Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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
Emergency Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Endocrinology	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.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.	4
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new visual field deficit. ; It is unknown when the last brain MRI was completed. ; The ordering provider's specialty is endocrinology.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; It is unknown when the last brain MRI was completed. ; The ordering provider's specialty is endocrinology.	4

Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; This study is being ordered for a suspicious mass or tumor.	4
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is NOT cancer.; The adrenal problem was found on a MRI.	8
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It has been within 2 years since the patient was last treated for cancer. ; The last abdomen MRI was completed more than 6 months ago. ; An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is cancer.	4
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing fatigue. ; The last brain MRI was completed more than 18 months ago. ; The ordering provider's specialty is endocrinology.	4
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	8
Endocrinology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Free Standing Surgery Center	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 or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	4

Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The ordering provider's specialty is gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	12
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	8
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for solid organ transplant.	4
Gastroenterology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Gastroenterology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; This is being requested for None of the above	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This request is for a follow-up or a known kidney stone. ; The kidney stone was found on CT. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost less than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	8
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for evaluation of cancer or a tumor.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed both an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for evaluation of cancer or a tumor.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	16
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4

Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An EGD or colonoscopy has been completed. ; The test did show findings that were concerning for cancer.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found during a screening for HCC.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found in another way that is not listed.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	8
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	12
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is NOT cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	16
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	20
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has another diagnosis not listed above. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4

Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were NOT abnormal. ; The patient's liver problem is related to an elevated or abnormal liver function test. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is for known inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.	8
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; It is unknown if the member had any colon screening studies completed prior to this request	4
Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	4
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	4
Gastroenterology	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	8
Gastroenterology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Gastroenterology	Approval	93307 Tte W/O Doppler Complete		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Gastroenterology	Approval	93350 Stress Tte Only		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Gastroenterology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; 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.	4
Gastroenterology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4
Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Gastroenterology	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	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	16
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	12
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	16
Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	8
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	12
Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	12

Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	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	8
Gastroenterology	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	4
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.	68
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
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 or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	8
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 or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	16
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 or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	4
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.	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	20
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	56
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; The patient is on anticoagulation or blood thinner treatments	32
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	4
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
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 headhache within the past month; Headache best describes the reason that I have requested this test.	28
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; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	8
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4

General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
General/Family Practice	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 known tumor or metastasis in the neck.	4
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	4
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.	4
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.	8
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.	24
General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	8
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.	20

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/abcess or a pre-operative evaluation.	4
General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	12
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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.	12
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 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.	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	4
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
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 not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
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 not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
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.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4

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.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70547 Magnetic resonance angiography, 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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material			4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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; The primary symptoms began less than 6 months ago	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a mental status change.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and hearing loss.; The patient's hearing loss is in both ears.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and vision loss.; This procedure is being requested for dizziness or vertigo.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has NOT completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is a plan to start or switch the patient's treatment. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing is unknown or none of the above. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	28
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	52
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; It is unknown when the injury occurred.	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the left ear. ; The hearing test was not completed. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	48
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has received brain imaging for this problem.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is unknown.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	16
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	84
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a blood clotting problem. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 6 years or younger	4

General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for less than 3 months with no prior history of headaches.	12
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	8
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	80
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	92
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.; This request is for another condition that is not listed.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	40
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; 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.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
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; 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.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	8

General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a pre-operative evaluation.	4
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.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; This study is being ordered for Neurological deficits	4
General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is a history of trauma.; The study is being ordered for Evaluation of a compression fracture.	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material			4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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 not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; Musculoskeletal:;Joints, Bones, and Muscles: limited ROMindings; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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 new or changing neurologic signs or symptoms.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Known Tumor with or without metastasis	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	32

General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	28
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; An abnormal x-ray is the reason for this request.	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
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 or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material			8
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4

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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	4
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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	8
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Reason For Exam: Cervical pain. ;;FINDINGS: Four views of the cervical spine were obtained. No fracture ;or subluxation. Endplate degenerative spurring particularly from C4-5 ;through C6-7 and mild involvement C3-4. Multilevel uncinate spurring ;;F	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
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 None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is unknown.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The weakness to the affected leg is documented as 5 (5/5).	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having new back pain symptoms. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	20
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	16
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	20
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	20
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	8

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having new back pain symptoms.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	12
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	24
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
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.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		An ultrasound showed the abnormality.; Abnormal imaging is the reason for this request. ; The abnormal imaging shows another finding that is not listed above.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Elbow pain is the reason for this request.; A positive hook test is documented in the office visit note.	4

General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder dislocation is the reason for this request.; This is a recurrent dislocation for the same shoulder.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	12
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive drop art test was documented in the office visit note.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive empty can test was documented in the office visit note.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive lift off test was documented in the office visit note.	28
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The blood test has not been completed.; A suspected or known infection is the reason for this request.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; Shoulder dislocation is the reason for this request.; This is the patient's first dislocation.; A positive empty can test is documented in the office visit note.; The patient is 41 years or older.; A shoulder X-ray has been completed in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; A frozen shoulder was documented in the office visit note.; The patient has completed a shoulder X-ray in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4

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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	8
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 evalutation of wrist pain.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		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.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient's current treatment plan is for initial staging. ; This request is for a known tumor or mass.; A tumor or mass is the reason for this request.; The tumor or mass started in the upper extremity (primary).	4
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.; 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.	4
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 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.; LIST OF RECOMMENDED PHYSICAL EXERCISES FOR HOME THERAPY;REST;OTC TYLENOL;ICE/HEAT PACKS AS TOLERATED; The patient recevied medication other than joint injections(s) or oral analgesics.; CYCLOBENZAPRINE 10 MG PO TID;PREDNISONE 20MG 2 TABS PO DAILY;GABAPENTIN 300MG TID	4
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
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 recevied joint injection(s).	4
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 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.	4

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 arthrscopy is scheduled in the next 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	20
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.	8
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This request is for a suspected tumor or mass.; This tumor or mass was identified by exam and X-ray.; A tumor or mass is the reason for this request.	4
General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This request is for a suspected tumor or mass.; This tumor or mass was identified on ultrasound.; A tumor or mass is the reason for this request.	4
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 a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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 trauma or injury.; 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; The primary symptoms began less than 6 months ago	4
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		"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.;	8
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		There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	8
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 oordered for infection.	8

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 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.	4
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 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.	8
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 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.	4
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.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4
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 known fracture.; The study is being ordered to evaluate a possible non union facrture.	4
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 known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	4
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 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.	4
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 forfoot pain.; The study is being ordered for acute pain.	8
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 forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
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 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.	8

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 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.	4
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 not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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 an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
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	4
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	16
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	8
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	12
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	28
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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4

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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	28
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has 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	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has 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	4
General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a Knee MRI.; The patient has 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	4
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 ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
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 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.	8
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 not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
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 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.	8
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 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.	8

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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			4
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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8
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.	8
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 not failed a 4 week course of conservative management in the past 3 months.	8
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
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 an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
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.	8
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	12
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	32
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	24

General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	20
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	8
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; This study is being ordered for a suspicious mass or tumor.	4
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	12
General/Family Practice	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 Trauma / Injury; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; The patient had a recent ultrasound.; This is being requested for Renal Artery Stenosis; The ordering MDs specialty is NOT Vascular Surgery, Nephrology, or Cardiology.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	16
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed more than 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal MRI has been completed. ; A mass or tumor was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; It is unknown how long the patient has been having pain. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed within the past month. ; No stone was identified in the prior imaging study. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has fever of 101 degrees or greater, along with pain. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	16
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	52

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; It is unknown the percentage of total body weight the patient has lost in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	16
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	52
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.; Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; It is unknown how long the pain has been present.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A cyst was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; The findings from prior imaging is something other than listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; The prior imaging showed another finding not listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	24
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did NOT show findings that were concerning for cancer.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; Lab testing has been completed.	4

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	8
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	84
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	108
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	20
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	68
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	16
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	12
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It has been within 2 years since the patient was last treated for cancer. ; The last abdomen MRI was completed more than 6 months ago. ; An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; The adrenal problem is cancer.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	20
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4

General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; It is unknown if an ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were NOT abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; It is unknown when the last abdomen MRI was completed. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	4
General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	20
General/Family Practice	Approval	75574 Ct Angio Hrt W/3d Image		Chest pain; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	4
General/Family Practice	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The condition is suspected; A Stress Echocardiogram was done in the last 6 weeks; This study is requested for coronary artery disease; The results of the cardiac study were inconclusive	4

General/Family Practice	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
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			4
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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	4
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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	16
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 procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	8
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 procedure is being requested for something other than listed	4
General/Family Practice	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.	4
General/Family Practice	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	4

General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		I48.0 (ICD-10-CM) - Paroxysmal atrial fibrillation (HCC) ;R06.00 (ICD-10-CM) - Dyspnea ;I20.9 (ICD-10-CM) - Angina, class II ;I10 (ICD-10-CM) - Essential hypertension ;E78.5 (ICD-10-CM) - HLD (hyperlipidemia); This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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 less than 20	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	8
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		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 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	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	8
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed more than one year ago	4
General/Family Practice	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	12
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
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 Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4

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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; This study is being ordered for Follow-up to a prior test	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; The study is being ordered for a Murmur.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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 of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are NO new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	12
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	20
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
General/Family Practice	Approval	93307 Tte W/O Doppler 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.; The patient has suspected prolapsed mitral valve.	8
General/Family Practice	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	12
General/Family Practice	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	56
General/Family Practice	Approval	93307 Tte W/O Doppler 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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4

General/Family Practice	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	8
General/Family Practice	Approval	93307 Tte W/O Doppler 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).	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	32
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	40
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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 an enlarged heart; Their enlarged heart may be due to known or suspected cardiomyopathy	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4

General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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; Known or suspected pulmonary hypertension	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	8
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of MarfanÆs Syndrome.	4
General/Family Practice	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	48
General/Family Practice	Approval	93350 Stress Tte Only		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; 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."; The patient is Male.	4
General/Family Practice	Approval	93350 Stress Tte Only		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.	4
General/Family Practice	Approval	93350 Stress Tte Only		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."	4
General/Family Practice	Approval	93350 Stress Tte Only		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	4
General/Family Practice	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	12

General/Family Practice	Approval	93350 Stress Tte Only		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.	24
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.	76
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.	16
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.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	8
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 headache's character is unknown.; Headache best describes the reason that I have requested this test.	4
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.	36
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 headhache within the past month; Headache best describes the reason that I have requested this test.	4
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; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	16
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.; This is NOT a Medicare member.; 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.	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; The ultrasound showed 50 - 69% stenosis. ; It is unknown if the patient is having symptoms.	4
General/Family Practice	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
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.	4
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.	4
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.	16
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
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	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
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	8
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 study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	8
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.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is a concern for optic neuritis.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	16
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	12

General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	36
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	12
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the left ear. ; The hearing test was not completed. ; The ordering provider's specialty is NOT otolaryngology.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	20
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	4
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	8
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	24
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	32
General/Family Practice	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	; Yes, this is a Functional MRI Brain.	4

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	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
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	This study is being ordered for Trauma / Injury; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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	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.; There is NOT a tumor with need to clarify vascular involvement.	8
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	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.; The member is 19 or older.	4
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	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
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	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
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	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.	8
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	24
General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	20

General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.; This study is being ordered for None of the above.	4
General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; 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.; This study is being ordered for None of the above	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient 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.; ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient 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.; G89.4 (ICD-10-CM) - Chronic pain syndrome ;F11.20 (ICD-10-CM) - Opioid dependence, uncomplicated (HCC) ;F19.20 (ICD-10-CM) - Other psychoactive substance dependence, uncomplicated (HCC); There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for None of the above	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	12
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
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 patient has a new increased difficulty with walking or keeping balance. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
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 patient has new difficulty grasping or holding objects. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
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 patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	8
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 patient has new exam findings showing weakness, sensory changes or reflex changes in the arms and legs. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
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 patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
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 patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

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 patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex.	4
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	12
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	12
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	16
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	12
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4

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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
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 patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	16
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 patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

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 reason for this request is for another concern not listed.	44
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 x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray did NOT show instability. ; An abnormal x-ray is the reason for this request.	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	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 Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	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 Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
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 case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
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 case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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.; 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; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
General/Family Practice	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 case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
General/Family Practice	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 case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
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 case was created via BBI.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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.	8
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.; Chronic pain syndrome	4
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 not seen the doctor more then once for these symptoms.	8
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	4

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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
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 Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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 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.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	12
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
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 ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	8
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is NOT having new nerve complaints. ; The patient is NOT scheduled for a surgery related to this fracture.	4
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 reason for this request is a suspected or known spine infection. ; It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed.	4

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 reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
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 reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The weakness to the affected leg is unknown.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	64

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	28
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	8

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	40
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; It is unknown how the sensory change was documented.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	36

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	20
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is unknown.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The weakness to the affected leg is not graded.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.; Clicked to continue	8

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is unknown.; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is unknown.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is unknown.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	20
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4

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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; It is unknown how long the exercise program was followed for.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
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 reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam findings are 4 / 4 (4 out of 4) Very strong reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
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 reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
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 reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	36
General/Family Practice	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 case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	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 case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
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 case was created via BBI.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	4
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 case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
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 case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

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 not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a spinal canal/contents MR Angiography.	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	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.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
General/Family Practice	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.	8
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	4
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 Inflammatory/ Infectious Disease.; 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; The primary symptoms began less than 6 months ago	4
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	Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	12
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 ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4

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 ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
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 ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	12
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 ordering MDs specialty is NOT Orthopedics; This request is a pre-operative study.; The patient is scheduled for shoulder surgery within the next 1 - 3 months.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy 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.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from an old injury.; The member has 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.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	12
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 patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
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 patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	8
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 reason for this request is for another concern that is not listed.	4
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.	8
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.	4

General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	8
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 recevied joint injection(s).	4
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.	12
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 arthrscopy is scheduled in the next 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	32
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
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.	8
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.	12
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 request is for a suspected tumor or mass.; This tumor or mass was identified by exam only.; A tumor or mass is the reason for this request.	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8

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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
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 forfoot pain.; The study is being ordered for acute pain.	12
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 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.	4
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 forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
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 forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	4
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 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	44

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	16
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	4
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 Wheel chair; The ordering MDs specialty is NOT Orthopedics	4
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	16
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	8
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	28
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	8
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	28
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.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	8
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	20

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	4
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 an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
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 Crutches; The ordering MDs specialty is NOT Orthopedics	4
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.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	28
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 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.	4
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 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.	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	8
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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.	12
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.	8
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.	8
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.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	4
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	8
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.	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4

General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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.; There are clinical findings or indications of Hematuria.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
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.; There are clinical findings or indications of Lymphadenopathy.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
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.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	8
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	36
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.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
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 patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	8
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 patient is not experiencing hematuria.; This study is being ordered for a kidney/ureteral stone.	8

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 request is for repeat imaging to a known abdominal trauma.; The ordering provider's specialty is not general surgery, urology, vascular surgery, or gastroenterology.; This study is being ordered for trauma.	4
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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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	This is a request for CT Angiography of the Abdomen and Pelvis.	12
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 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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	Yes, this is a request for CT Angiography of the abdomen.; The patient had a recent ultrasound.; This is being requested for Renal Artery Stenosis; The ordering MDs specialty is NOT Vascular Surgery, Nephrology, or Cardiology.	4
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	Yes, this is a request for CT Angiography of the abdomen.; This is being requested for None of the above	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	24
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient does not have pain or fever, an elevated white blood cell count or a reduced white blood cell count, and is not taking medication for this concern. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	36
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; The patient has lost less than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A cyst was found on prior imaging.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for more than 6 weeks.	4

General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	16
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	8
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	20
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	12
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	28
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if the patient had recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did have recent gallbladder surgery.; It is unknown if an ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
General/Family Practice	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.; 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; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	64
General/Family Practice	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The results of the study are unknown	4
General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	32
General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	12
General/Family Practice	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	CHEST PAIN, UNKNOWN CAUSE; 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
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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.; 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 the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; 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	4

General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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 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	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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 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 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	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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 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 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	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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 left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	4
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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
General/Family Practice	Disapproval	78451 Ht Muscle Image Spect Sing	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
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; This study is being ordered for Follow-up to a prior test	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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 of an abnormal heart rhythm.; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	16

General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 a 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.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 24 months or more since the last echocardiogram.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	16
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 none of the above; The reason for ordering this study is unknown.	112
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	20
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler 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 none of the above; 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.	4
General/Family Practice	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Geriatrics	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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
Geriatrics	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; The patient is on anticoagulation or blood thinner treatments	4
Geriatrics	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

Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Geriatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Geriatrics	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 procedure is being requested for evaluation of vascular disease in the legs; The patient had Segmental Pressures; The study was normal	4
Geriatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Gynecologic Oncology	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; A Bone Scan showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a gynecologist oncologist.	8
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; It is unknown if the patient has completed an ultrasound, esophagogastroduodenoscopy (EGD) or colonoscopy, and/or lab testing; or it has not been completed. ; This study is requested for evaluation of cancer or a tumor.	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Gynecologic Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is NOT planned nor being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4

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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
Gynecologic Oncology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Gynecologic Oncology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	32
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.	4
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	28
Hematologist/Oncologist	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.	4
Hematologist/Oncologist	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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	4
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 headhache within the past month; Headache best describes the reason that I have requested this test.	4
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.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	4
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.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4

Hematologist/Oncologist	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	4
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	88
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
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.	36
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.; It is not known if there is a palpable neck mass or lump.	4
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.	4
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.; It is unknown if a fine needle aspirate was done.	4
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 size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
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.	8
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/abcess or a pre-operative evaluation.	4
Hematologist/Oncologist	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	4
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)			4
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	4
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.; The ordering MDs specialty is Hematologist/Oncologist	8

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.; The ordering MDs specialty is Hematologist/Oncologist	8
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 a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Hematologist/Oncologist	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	36
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; It is unknown if the patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	36
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	4
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has breast cancer. ; The patient has a known cancer. ; The patient has a recurrence of cancer.	4

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	44
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	32
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	16
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	8
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	12
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	12
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	12

Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Hematologist/Oncologist	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; This study is being ordered for Suspected Tumor with or without Metastasis	4
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
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is currently on treatment for cancer. ; The patient is having new or worsening pain. ; The patient has known cancer. ; Cancer is the reason for this request.	4
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
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
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
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 not seen the doctor more then once for these symptoms.	4

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 Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	4
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	8
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	20
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			8
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has suspected prostate cancer. ; The patient had a previous prostate biopsy.	4
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The 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.	4
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8

Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
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 sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	16
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.; It is not known if the request is for hip pain.; The study is for a mass, tumor or cancer.	4
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.; 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.	4
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Hematologist/Oncologist	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			84
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a hematologist oncologist.	612
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is a hematologist oncologist.; This study is requested for evaluation of cancer or a tumor.	32

Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	164
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	20
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; A cystoscopy has been completed.; A kidney or ureteral stone was found on prior imaging.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	12
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	8
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient does NOT have abdominal pain.	8
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for more than 6 weeks.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	16
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found during a screening for HCC.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found in another way that is not listed.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	12
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on CT.; This is the first time a CT has been performed.	4

Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It is unknown if the patient had recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	44
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has NOT completed an ultrasound for this condition within the past 4 months. ; A prior CT or MRI has been completed within the last 12 months for this problem. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; The last abdomen MRI was completed less than 3 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer within the past 3 years. ; The last abdomen MRI was completed less than 3 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	12
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	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 procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This is a request for an MRI Bone Marrow.	4

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	16
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	52
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body			8
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 Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	68
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	12
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Prostate cancer.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	280
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 Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	12
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete			4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4

Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for congenital heart disease.; This study is being ordered for none of the above or don't know.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	8
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of artificial heart valves.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	12
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	24
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; 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
Hematologist/Oncologist	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Hematologist/Oncologist	Approval	93350 Stress Tte Only		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
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 new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	8

Hematologist/Oncologist	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	4
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 patient has a known tumor or metastasis in the neck.	4
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 patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is unknown if a fine needle aspirate was done.	4
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 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.	4
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/abcess or a pre-operative evaluation.	4
Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	12
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Hematologist/Oncologist	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 known tumor.; This study is being ordered for staging.; This is a request for a chest MRI.	4
Hematologist/Oncologist	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; This study is being ordered for Suspected Tumor with or without Metastasis	4

Hematologist/Oncologist	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 Tumor with or without metastasis	4
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Hematologist/Oncologist	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.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Hematologist/Oncologist	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.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
Hematologist/Oncologist	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Hematologist/Oncologist	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	This is a request for CT Angiography of the Abdomen and Pelvis.	8

Hematologist/Oncologist	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	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary		4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have fevers or night sweats. ; It is unknown the percentage of total body weight the patient has lost in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a hematologist oncologist.	32
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is a hematologist oncologist. ; This study is requested for evaluation of cancer or a tumor.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	8
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.; The ordering MDs specialty is Hematologist/Oncologist	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	12
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient's liver problem is related to another reason not listed above. ; Other liver problems not related to a mass or tumor is the reason for this request.	4

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 Pet Scan with CT for Attenuation.; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	16
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 Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; Other (not listed) is the primary reason for this study.	4
Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Hospital	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Hospital	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Hospital	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Hospital	Disapproval	93350 Stress Tte Only	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
Infectious Diseases	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is no laboratory or x-ray evidence of osteomyelitis.; It is not known if there is laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or discitis.; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; This study is being ordered for Known or Suspected Infection or abscess	4

Infectious Diseases	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.	4
Infectious Diseases	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.; 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.	4
Infectious Diseases	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.	4
Infectious Diseases	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 forfoot 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.	4
Infectious Diseases	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 not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	4
Infectious Diseases	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Infectious Diseases	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.	4
Infectious Diseases	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
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.	8
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were 2 - 7 days ago.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	4

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; The patient is on anticoagulation or blood thinner treatments	4
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 known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Internal Medicine	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
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 known tumor or metastasis in the neck.	4
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.	4
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 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.	4
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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
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 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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and trouble walking or speaking.; This procedure is being requested for dizziness or vertigo.	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	8
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in both ears. ; The ordering provider's specialty is NOT otolaryngology.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	24
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	12
Internal Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		This study is being ordered for 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.	4
Internal Medicine	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; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having new back pain symptoms. ; Clicked to continue	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	8
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 1 - 2 weeks.; The sensory change is reported by the patient.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The weakness to the affected leg is unknown.	4
Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	4
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected vascular disease.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; The ordering provider's specialty is NOT Surgery	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Elbow pain is the reason for this request.; A positive bicep squeeze test is documented in the office visit note.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive empty can test was documented in the office visit note.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; A rotator cuff tear is suspected.	4
Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive lift off test was documented in the office visit note.	4

Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
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 arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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.; 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.	4
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.	4
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 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	4
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	4
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 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.	4
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 study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	12
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 chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
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 a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has a recent white blood cell count (WBC) less than 15,000 WBC. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The patient has no pain. ; The patient has completed an ultrasound for this problem. ; The imaging study was completed within the past month. ; The prior imaging showed hydronephrosis. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of lymphoma. ; It has been less than 2 years since the patient has been treated for cancer. ; It is unknown when the last Abdomen and Pelvis CT was completed. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4

Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed less than 3 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy, and lab testing.; This study is requested for evaluation of cancer or a tumor.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal ultrasound has been completed. ; A cyst was found on prior imaging.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for more than 6 weeks.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	16
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	8
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4

Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found in another way that is not listed.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cirrhosis.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	8
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; An ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; No other testing has been done in the last 6 weeks; The condition is suspected; This study is requested for congestive heart failure	4
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	16
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Internal Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		Increased shortness of breath with 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.	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; It is unknown when the symptoms began or changed	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		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 ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		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 Body Mass Index (BMI) greater than 40	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4

Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		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.	4
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		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
Internal Medicine	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This is a request for the initial evaluation ; The study is being ordered for a Murmur.; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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 pre-operative or post operative evaluation.	8
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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).	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	16
Internal Medicine	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	12
Internal Medicine	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	8

Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	20
Internal Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Internal Medicine	Approval	93350 Stress Tte Only		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 ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is On continuous oxygen therapy	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4
Internal Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is a Medicare member.; The member does NOT have a history of cardiac disease; Organ Transplantation is being performed; This case was created via BBI.	4
Internal Medicine	Approval	93350 Stress Tte Only		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.	16
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' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	12
Internal Medicine	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Internal Medicine	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
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 known tumor or metastasis in the neck.	4
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	4
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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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 requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4
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 requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	4
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 requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
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 requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
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 requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	8
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 requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is unknown.	4
Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	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, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4

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	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.	4
Internal Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Neurological deficits	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; cyclobenzaprine 10 mg TID PRN;steroid pack ;- Tylenol Extra Strength is okay to use now.;- Submit MRI of the thoracic spine ;- Start physical therapy.; 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.	4
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	12
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown how the sensory change was documented.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	12
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	8
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is unknown.	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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 patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; A frozen shoulder was documented in the office visit note.; The patient has completed a shoulder X-ray in the past 3 months.	4
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 reason for this request is for another concern that is not listed.	4
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	4
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 not from a recent injury, old injury, chronic pain or a mass.	4
Internal Medicine	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Internal Medicine	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

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 is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
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 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 arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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 due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Internal Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.; The patient has NOT had a recent ultrasound.; This is being requested for Renal Artery Stenosis	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	12
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4

Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; The prior imaging completed is something other than what is listed above.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	8
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	8
Internal Medicine	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4

Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Patient has history of MI and known coronary artery disease involving the native cornanry arteries and is currently experiencing recurrent chest pain. Following the previous MI, the patient was transferred to St. Francis; however, no cardiac cath was perf; This is 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	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	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%	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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.; 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 the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; 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	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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 ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is On continuous oxygen therapy	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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 has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	4
Internal Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Internal 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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Prostate cancer.	4

Internal 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 Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic; This study is being ordered for a history of heart valve disease.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; 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; This study is being ordered for Chest pain of suspected cardiac etiology	8
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; There are new symptoms suggesting worsening of heart valve disease; This study is being ordered for evaluation of the heart's response to high blood pressure.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler 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 none of the above; The reason for ordering this study is unknown.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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) indicative of heart disease.	4
Internal Medicine	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Internal Medicine	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	4
Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	12

Interventional Radiologists	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient had an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, or abscess, pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Interventional Radiologists	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found during a screening for HCC.	4
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Interventional Radiologists	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 is a request for a pelvis CT angiography.	4
Medical Genetics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	4
Multi-Specialty (2 or more)	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Multi-Specialty (2 or more)	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Multi-Specialty (2 or more)	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.	4
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Multi-Specialty (2 or more)	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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4

Multi-Specialty (2 or more)	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Multi-Specialty (2 or more)	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	4
Multi-Specialty (2 or more)	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 an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Nephrology	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
Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	4
Nephrology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)		This study is being requested for other not listed.	4
Nephrology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Nephrology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Nephrology	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.	8
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	12
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 or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	8

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.	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	20
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	16
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; The patient is on anticoagulation or blood thinner treatments	16
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.	4
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is known.; The patient had the dissection 3 - 6 months ago.	4
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	4
Neurological Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is Neurological Surgery	4
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is Neurological Surgery; A Brain CTA is being requested	4
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4

Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for post-procedural evaluation; The ordering provider's specialty is Neurological Surgery; A Neck CTA is being requested	4
Neurological Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for post-operative evaluation.	4
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	12
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has 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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	28
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	12
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and vision loss.; This procedure is being requested for dizziness or vertigo.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; There is a concern for shunt malfunction. ; This procedure is being requested for a VP shunt.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	12
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	16
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has trouble speaking. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	8
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	4
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	12
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; 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.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	12
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; 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.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	8

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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	12
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; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for neurological deficits	4
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; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a pre-operative evaluation.	4
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; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery ; This study is being ordered for follow-up surgery within the last 6 months.	4
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; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery; This study is being ordered for follow-up surgery within the last 6 months.	4
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; There is no reason why the patient cannot have a Cervical Spine MRI.	20
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	16
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The study is being ordered due to suspected tumor with or without metastasis.	4
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; It is not known when surgery is scheduled.; This study is being ordered for Pre-Operative Evaluation	12
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Neurological deficits	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for None of the above	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; Absent reflexes in left patellar and left ankle.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; Decreased or absent reflex in bilateral upper and lower extremities.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; 4/5 BILATERAL FINGER GRIP STRENGTH; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; 60-year-old female complaining of low back pain also complaining of popping in her low back as well. Since the previous visit she has done 6 sessions of physical therapy with absolutely no improvement of her symptoms. She also had a sacroiliac injection; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for None of the above	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; He reports giveway weakness of the legs at times. He also reports some radiation of pain into the testicles and anterior groin.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Pre-Operative Evaluation	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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 upper extremity weakness.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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 new or changing neurologic signs 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

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 new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	4
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 new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
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 new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; Gapapentin and Hydrocodone; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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 new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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 new or changing neurologic signs or symptoms.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There has been a recurrence of symptoms following surgery.; The surgery was more than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The surgery was more than 6 months ago but less than 12 months ago.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics; The ordering MDs specialty is Neurological Surgery; There is a concern for hardware complication or fusion problem.	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	12
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed. ; A suspected or known spine infection is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is neurological surgery.; Suspected myelopathy is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the legs. ; Suspected myelopathy is the reason for this request.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Neurological Surgery.; The reason for this request is for a pre-operative study.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Neurological Surgery.; The reason for this request is for a pre-operative study.	16
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I do NOT have the required documentation at this time. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	12
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Lhermitte's sign was documented on the physical exam.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	20
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	16
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; An abnormal x-ray is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The x-ray showed scoliosis. ; The patient is 10 years or older.; An abnormal x-ray is the reason for this request.	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via BBI.; 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	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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 demonstrating unilateral muscle wasting/weakness	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via BBI.; 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	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does 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.	4
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.; 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.; Cat-cow stretch, Thoracic Extensions, Sit to Heels Stretch, Arm Raises, Seated Thoracic Rotation	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; 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.	4

Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; Laboratory or Imaging Review:;I have independently reviewed the lumbar spine MRI which does not show any causative pathologies in terms of his symptoms; ;I have also independently reviewed the brain MRI which shows multiple intraventricular nonenhancin	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Pain is moderate. The symptoms are aggravated by standing and position. Associated symptoms include leg pain, numbness, tingling and weakness.	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	4
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 demonstrating unilateral muscle wasting/weakness	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; Clicked to continue	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4- in the office visit note.; Clicked to continue	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having new back pain symptoms.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Neurological Surgery.	16
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Neurological Surgery.	8
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	16
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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	4
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 demonstrating unilateral muscle wasting/weakness	4
Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Neurological Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Neurological Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	4
Neurological Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
Neurological Surgery	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for an aneurysm and/or a blood vessel problem.; There is a concern for an aneurysm or blood vessel problem.	4

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is not known if there has been a supervised trial of conservative management for at least six weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; 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.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
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; There is a reason why the patient cannot have a Cervical Spine MRI.; There is a history of trauma.; This study is being ordered for evaluation of a compression fracture	4
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

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.; 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.; Decreased reflex in bilateral upper extremities and absent reflex in bilateral lower extremities.; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; 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.; She reports tingling, numbness, and weakness in the right knee and leg. She rates her pain level on average 10/10; she has had significant right-sided lower back pain radiating to the right hip, buttock, and into the lower extremity. She thinks the pain; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; The patient does not have new or changing neurologic signs 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; tizanidine;Flexeril;Norco; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; pill; 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.; There has not been a recurrence of symptoms following surgery.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4
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.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	8
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4

Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; It is unknown what the reflex exam findings are.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	12
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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 not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; It is unknown if this request for pre-operative planning; It is unknown if there is a post operative complication	4
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Neurological Surgery	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4

Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; It is unknown if this request for pre-operative planning; It is unknown if there is a post operative complication	4
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 no weakness or reflex abnormality.	4
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 reflex abnormality.;	4
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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 Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Neurological Surgery	4
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 not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Breakaway weakness left hip flexor and ankle dorsiflexion;4 out of 5 grip bilaterally;5- hand intrinsics bilaterally;5+ deltoids	4
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 Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	4
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 Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
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 neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	12
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient.	4

Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
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 neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
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 neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
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 not directed conservative treatment for the past 4 weeks.	4
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.	4
Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
Neurological 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	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Neurological Surgery	Disapproval	76390 Magnetic resonance spectroscopy	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Neurological Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
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.	8
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhagebest describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were more than 7 days ago.	8
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

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.	8
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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	8
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; 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.	4
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; It is unknown if there has been a stroke or TIA within in the past 2 weeks.	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	12
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	12

Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with 2 or more first degree family members having an aneurysm best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery; The procedure is planned in 3 months or less; A Brain CTA is being requested	4
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	8
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	4
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.; This is for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	12
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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4

Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.; The patient did NOT have an ischemic stroke or TIA (Transient Ischemic Attack) in the past 2 weeks.	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	20
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is neurology.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The patient has suspected Multiple Sclerosis (MS).	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has NOT completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is neurology.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The ordering provider's specialty is neurology.	28
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed moderate memory impairment.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is neurology.	32
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	64
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is neurology.; The patient has known Multiple Sclerosis (MS).	36
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	12

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	28
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	52
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has received brain imaging for this problem.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	20
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is improving.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is unknown.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	68
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a family history of aneurysm or arteriovenous malformation (AVM). ; The parent(s) had an aneurysm or arteriovenous malformation (AVM).; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient has a history of stroke. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	8

Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; It is unknown how long the headaches have been occurring.	8
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	32
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	160
Neurology	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	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	8
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected Multiple Sclerosis (MS). ; The patient is 13 years or older.; Multiple Sclerosis (MS) is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	28
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began; Medications were given for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	8
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; 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	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; fatigue, joint pain, morning stiffness, muscle weakness, and palpitations;Reflexes; Right Left;Brachioradialis 2+ 2+;Biceps	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; reports some difficulty with gait at times. Her MRI T-spine done on 03/18/2026 reported a cystic structure at left T9-T10 neuroforamina with some mass effect on the exiting T9 nerve root	4
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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; pregabalin (Lyrica) 25 mg PO DAILY 30 caps; 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.	4
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.	4
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.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	4
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	16
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is unknown.	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4

Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
Neurology	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 pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	4
Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	8
Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 23 to 26; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 6 months ago or less ; Alzheimer's disease is the primary reason for this study.	4
Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 6 months ago or less ; Dementia is the primary reason for this study.	4

Neurology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score was 23 to 26; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 6 months ago or less ; Dementia is the primary reason for this study.	4
Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4
Neurology	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	4
Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
Neurology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
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.	4
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 headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have requested this test.	4
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 new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	4
Neurology	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Neurology	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 not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	4
Neurology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	16

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 procedure is being requested for something other than listed; A Brain CTA is being requested	4
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 Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	4
Neurology	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	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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 Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 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.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
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 requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	8
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 requested for another reason not listed above.; The patient is currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The ordering provider's specialty is neurology.	8
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 requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
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 requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4

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 requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is neurology.	4
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 requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	20
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 requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	8
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 requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
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 requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
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 requested for the evaluation of headache(s). ; The patient has a history of stroke. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
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 requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	16
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 requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	64
Neurology	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	patient is having new seizure activity; Yes, this is a Functional MRI Brain.	4
Neurology	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Neurology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.; There is NOT a tumor with need to clarify vascular involvement.	4

Neurology	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; 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 documented on an EMG or nerve conduction study.; It is unknown 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 neurological deficits	4
Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Neurology	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	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex.	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	8
Neurology	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	12
Neurology	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 Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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 Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	4
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
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 Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	12
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4

Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
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.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
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.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Neurology	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.	4
Neurology	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Neurology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a PET Scan; This is for a PET Scan with Fluciclovine (18F).	4
Neurology	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 Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; It is unknown if an objective memory assessment was done within the past 12 months; Alzheimer's disease is the primary reason for this study.	8
Neurology	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 Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 22 or less ; The last laboratory evaluation, including thyroid function test and B12 level was 6 months ago or less ; The last Brain MRI was 7 to 12 months ago; Alzheimer's disease is the primary reason for this study.	4
Neurology	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 Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had an MMSE (Mini Mental Status Evaluation) within the past 12 months; The assessment score was 27 to 30; Dementia is the primary reason for this study.	4
OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4

OB/Gynecology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
OB/Gynecology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
OB/Gynecology	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.	4
OB/Gynecology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is a gynecologist.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient had an abnormal ultrasound or endoscopy in the past 3 months. ; The patient had a finding on an ultrasound or endoscopy that was suspicious for malignancy or neoplasm. ; Cancer or tumor is the reason for this request. ; The patient has a suspected cancer or tumor. ; According to the patient's chart uterine, vulvar, or ovarian cancer is known or suspected.	4
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient's current treatment plan is for initial staging. ; Cancer or tumor is the reason for this request. ; According to the patient's chart cervical cancer is known or suspected.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	12
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a gynecologist.	12
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did NOT show findings that were concerning for cancer.	4
OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4

OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4
OB/Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
OB/Gynecology	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4
OB/Gynecology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 6 - 12 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	12
OB/Gynecology	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	4

OB/Gynecology	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
OB/Gynecology	Disapproval	93307 Tte W/O Doppler 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 none of the above; The reason for ordering this study is unknown.	8
OB/Gynecology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	4
OB/Gynecology	Disapproval	93307 Tte W/O Doppler 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 Pulmonary Hypertension.	4
Obstetrics & Gynecology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	8
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Oncology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing			4
Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	8
Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			12

Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is related to a solid organ transplant.	4
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is an oncologist.	24
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	4
Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			4
Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Oncology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; It is unknown what type of prior imaging has been completed.	4
Ophthalmology	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; The patient is on anticoagulation or blood thinner treatments	4
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 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.	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing signs or symptoms that are not listed above. ; The last brain MRI was completed between 12 - 18 months ago. ; The ordering provider's specialty ophthalmology.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is ophthalmology.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; It is unknown how long the headaches have been occurring.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older. ; The headaches have been occurring for more than 3 months.	4
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	12
Ophthalmology	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Orthopedics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is a follow up request for a known hemorrhage/hematoma or vascular abnormality	4

Orthopedics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"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	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT on medication(s) for this problem. ; The patient does NOT have new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT on medication(s) for this problem. ; The patient has new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Orthopedics	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 follow-up to trauma.; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.; The ordering physician's specialty is NOT Surgery, Pulmonary Medicine, or Cardiology.	4
Orthopedics	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 pre-operative evaluation.; This is a request for a chest MRI.	4
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the listed neurological deficits.; The patient has had 3 or fewer follow-up Cervical Spine CTs.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	8
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	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; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a tumor.; This study is being ordered for a pre-operative evaluation.	4

Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.; This study is being ordered for a pre-operative evaluation.	8
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.; This study is being ordered for a pre-operative evaluation.	4
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
Orthopedics	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	4
Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Orthopedics	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	8
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	24
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Pre-Operative Evaluation	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Neurological deficits	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; Lumbar Exam:;Sensation is intact to light touch throughout the bilateral lower extremities. Strength is 5/5 with tibialis anterior, gastrocsoleus, quadriceps, and hip flexors. Reflexes are unremarkable at the Achilles and patellar tendons. There is ; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; they are having radiating pain; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is Orthopedics	4
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Orthopedics	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has a new increased difficulty with walking or keeping balance. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has known Multiple Sclerosis (MS). ; The patient has a new sign or symptom that is not listed. ; The patient is 13 years or older.; The cervical spine has lesions. ; The patient is NOT currently on medication for Multiple Sclerosis (MS). ; Multiple Sclerosis (MS) is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms and legs. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	20
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the legs. ; Suspected myelopathy is the reason for this request.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is currently on treatment for cancer. ; The patient is having new or worsening pain. ; The patient has known cancer. ; Cancer is the reason for this request.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.; The reason for this request is for a pre-operative study.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has new neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; Spurling was documented on the physical exam.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	20

Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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 not seen the doctor more then once for these symptoms.	4
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 Follow-up to Surgery or Fracture within the last 6 months; The ordering MDs specialty is Orthopedics	4
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 Known Tumor with or without metastasis	8
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 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.; Doc I agree with the dictation with the following updates: ; ; 34-year-old male with lumbar degeneration with stenosis at L5/S1. Agree that the location of his symptoms in the legs does not perfectly fit with his lumbar MRI. He describes a situation	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is having new nerve complaints. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is a suspected or known spine infection. ; It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed.	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 1 - 2 weeks.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 1 - 2 weeks.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	24
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; It is unknown what the sensory exam findings are. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is unknown.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms.	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.	24
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery in more than 6 months.	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is Orthopedics.	12
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	8
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	16
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	4

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	12
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)			44
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		A MRI showed the abnormality.; A cyst was seen on the MRI.; Abnormal imaging is the reason for this request.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		A MRI showed the abnormality.; A ligament tear was seen on the MRI.; Abnormal imaging is the reason for this request.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Elbow pain is the reason for this request.; A positive push-up test is documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Elbow pain is the reason for this request.; A positive varus or valgus stress test is documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder dislocation is the reason for this request.; This is a recurrent dislocation for the same shoulder.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	56

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive bell press test was documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive drop art test was documented in the office visit note.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive empty can test was documented in the office visit note.	40
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; A rotator cuff tear is suspected.	52
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive lift off test was documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; A MRI showed the abnormality.; Abnormal imaging is the reason for this request.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	32
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Carpal tunnel syndrome is the reason for this request.; An X-ray or ultrasound of the wrist or hand has been completed in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Shoulder dislocation is the reason for this request.; This is the patient's first dislocation.; The patient is 41 years or older.; A shoulder X-ray has been completed in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; Elbow pain is the reason for this request.; Joint tenderness is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Elbow pain is the reason for this request.; Joint tenderness is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; A frozen shoulder was documented in the office visit note.; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; The finding that is suspected is not listed.; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; This request is a pre-operative study.; It is not yet determined when the wrist or hand surgery will be scheduled.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; This request is a pre-operative study.; The patient is scheduled for shoulder surgery within the next 1 - 3 months.	16
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; This request is a pre-operative study.; The patient is scheduled for shoulder surgery within the next month.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; This request is for a suspected tumor or mass.; A tumor or mass is the reason for this request.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Wrist or hand pain is the reason for this request.; A positive Phalen's test is documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Wrist or hand pain is the reason for this request.; A positive Tinel's sign is documented in the office visit note.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.	20

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is Orthopedics; Wrist or hand pain is the reason for this request.; None of the above findings are documented in the office visit note.	8
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.	12
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 evalutation of wrist pain.	32
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 not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 evalutation of wrist pain.	8
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 not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Elbow pain is the reason for this request.; Joint tenderness is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Elbow pain is the reason for this request.; The exam findings in the office visit note are none of the above findings or not listed.; The patient has completed an elbow X-ray in the past 3 months.	8

Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; Shoulder pain is the reason for this request.; A frozen shoulder was documented in the office visit note.; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Elbow pain is the reason for this request.; The exam findings in the office visit note are none of the above findings or not listed.; The patient has completed an elbow X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	12
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; Elbow pain is the reason for this request.; The exam findings in the office visit note are none of the above findings or not listed.; The patient has completed an elbow X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The reason for this request is for another concern that is not listed.	12
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.; 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 oral analgesics.	4
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.	68
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 recevied medication other than joint injections(s) or oral analgesics.;	4

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.; 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.	4
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.	32
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	4
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 arthrscopy is scheduled in the next 4 weeks.	16
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 arthrscopy is not scheduled in the next 4 weeks.	76
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
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?; It is not known if 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.	4
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 recevied joint injection(s).	4
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.	8
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 not from a recent injury, old injury, chronic pain or a mass.	20
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.	4
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.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	4

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.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	4
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 arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
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 arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	4
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	4
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 has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has 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 not experienced pain for greater than six weeks.	4
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 has 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.	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This request is a pre-operative study.; It is not yet determined when the shoulder surgery will be scheduled.	20
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4

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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	28
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
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			60
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 pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	16
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 pulsaitile 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.	4
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.; Surgery or other intervention is not planned for in the next 4 weeks.	4
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.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	4
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.	4

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 pre op.	4
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 known dislocation.; It is unknown if the dislocation is reducible.; The dislocation has recurred.	4
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 known fracture.; The study is being ordered to evaluate a possible non union facrture.	4
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 known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	4
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 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.	4
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 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.	12
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 suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with immobilization for at least 4 weeks.	4
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 forfoot pain.; The study is being ordered for acute pain.	8
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 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.	4
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 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 orthotics for at least 6 weeks.	4

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 forfoot pain.; The study is being ordered for tendonitis.; The patient has NOT had foot pain for over 4 weeks.	4
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 not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	8
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 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	4
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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is Orthopedics	4
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 NOT Orthopedics	4
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	12
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 immobilizer; The ordering MDs specialty is Orthopedics	4
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 Crutches; The ordering MDs specialty is Orthopedics	4
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	12
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is Orthopedics	4

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	52
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	12
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.; It is not known if patient had recent plain films of the knee.; 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.; The ordering provider is an Orthopedist.	4
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	4
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 (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Known or Suspected Joint Infection	4
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	20
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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
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.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
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.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Pain greater than 3 days; Arthroscopic surgery; The ordering provider is an Orthopedist.	4

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 not normal.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
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 not normal.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	16
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 not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	12
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 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	4
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 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	4
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 being ordered for Known Tumor; This study is being ordered for staging.; The ordering provider is an orthopedist.	4
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 being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
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 being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
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 being ordered for Non-acute Chronic Pain; Surgery is being planned.; Total Knee Arthroplasty (TKA)	4
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 being ordered for None of the above; Instability; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4

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 being ordered for None of the above; Instability; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
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 being ordered for None of the above; Locking; It is unknown if surgery is planned.; The ordering provider is an Orthopedist.	4
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 being ordered for None of the above; Swelling greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	8
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 being ordered for Post-operative Evaluation; The ordering provider is an Orthopedist.	20
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 being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery; The ordering provider is an Orthopedist.	8
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 being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	8
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 being ordered for Suspected meniscus, tendon, or ligament injury; The ordering provider is an Orthopedist.	724
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 that ankle pain.; The member has a recent injury.	12
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 that ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4
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 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.	16

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 ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	56
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 ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	8
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 ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	16
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 ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	16
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 ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	24
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 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.	8
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 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.	24
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4

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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	24
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material			8
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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
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.	68
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.	8
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.	8

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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
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 arthrscopy is not scheduled in the next 4 weeks.	24
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 arthrscopy is scheduled in the next 4 weeks.	4
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.	12
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.	4
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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	28
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 not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is being planned or has already been performed.	4
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 not for hip pain.; The member has surgery planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	4
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 not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
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 not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4
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 not for hip pain.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Orthopedics	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Orthopedics	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Orthopedics	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 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.	4
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; 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; The primary symptoms began more than 1 year ago	4
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.; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; This study is being ordered for Pre-Operative Evaluation	4
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; 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; The primary symptoms began more than 1 year ago	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new difficulty grasping or holding objects. ; The ordering provider's specialty is orthopedics.; Suspected myelopathy is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has suspected Multiple Sclerosis (MS). ; The patient is 13 years or older.; Multiple Sclerosis (MS) is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The weakness is present in both arms or hands.; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; Spurling was documented on the physical exam.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	12
Orthopedics	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a particular clinical reason why the exam is being performed at this facility.; The patient's age is 6 years or older. ; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
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 Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
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 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.;	4
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 Trauma or recent injury; 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.; Thoracic Spine: Exam of thoracic spine reveals skin intact with no discoloration, swelling, lesions. Well perfused with full sensation and BCR in lower extremities . Standing erect with normal physiological alignment. DTRs 2+ in lower extremities. Strengt	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; Clicked to continue	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	8
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; There is a decreased sensation documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	12
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The weakness to the affected leg is not graded.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is Orthopedics.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Orthopedics	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; A positive bell press test was documented in the office visit note.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; The finding that is suspected is not listed.; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has NOT completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Orthopedics; Wrist or hand pain is the reason for this request.; None of the above findings are documented in the office visit note.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	8
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16
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.; 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.; Treatment has consisted of;rest, ice, heat, and NSAIDs.; The patient received oral analgesics.	4
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.; The physician has not directed a home exercise program for at least 4 weeks.; It is not known what type of medication the patient received.	4
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 recevied joint injection(s).	4
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.	4

Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
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.	4
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 recevied joint injection(s).	4
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 not directed conservative treatment for the past 4 weeks.	4
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 not from a recent injury, old injury, chronic pain or a mass.	4
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; 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.; bilateral ankles to evaluate the Achilles tendon on the left and the ankle joint talonavicular joint on the right.; This is a request for a bilateral ankle MRI.	8

Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for 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.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a post op.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is not planned for within 30 days.; This study is being ordered for assessment of a known fracture fragment.	4
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	4
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 a protective boot for at least 6 weeks.	4
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 anti-inflammatory medication for at least 6 weeks.	8
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 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.	4
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 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.	4
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 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.	4
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is Orthopedics	4

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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
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.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
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.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
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.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.; The ordering provider is an Orthopedist.	4
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.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; The ordering provider is an Orthopedist.	16
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 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.	4
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	24
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	8
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 an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

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 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.	8
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 not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4
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 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.	16
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
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.	12
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 not failed a 4 week course of conservative management in the past 3 months.	4
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.; It is not known if there is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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.; Tendon or ligament injuryis not suspected.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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 arthrscopy is not scheduled in the next 4 weeks.	8

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 an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	12
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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Orthopedics	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Osteopath	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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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.	8
Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak 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
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	8
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.	4
Other	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
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 headhache within the past month; Headache best describes the reason that I have requested this test.	4
Other	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if the ultrasound showed stenosis.	4
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material			4
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.	4

Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a mental status change.; This procedure is being requested for dizziness or vertigo.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred within the past few days.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	16
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 Known Vascular Disease.; The reason for this request is unknown.; Yes, this is a request for a Chest CT Angiography.	8
Other	Approval	72125 Computed tomography, cervical spine; without contrast material		It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.; This study is being ordered for none of the above above.	4
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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	8
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient is 12 years or younger.; Multiple Sclerosis (MS) is the reason for this request.	4

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older. ; The patient has new neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 2 / 4 (2 out of 4) Normal reflex.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
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 Known Tumor with or without metastasis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	8
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; It is unknown how long the exercise program was followed for.; The sensory change is reported by the patient.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; A MRI showed the abnormality.; A cyst was seen on the MRI.; Abnormal imaging is the reason for this request.	4
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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4
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 patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4

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 an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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.	4
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 not failed a 4 week course of conservative management in the past 3 months.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
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 unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; The pain has been present for more than 2 weeks.	4

Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	8
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found during a screening for HCC.	4
Other	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 procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was normal	4
Other	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 procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Other	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	4
Other	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	4

Other	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	4
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	8
Other	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	4
Other	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	4
Other	Approval	93307 Tte W/O Doppler 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).	8
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; 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
Other	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4

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.	8
Other	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 Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Other	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 Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Other	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Other	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
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.; 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.; This study is being ordered for None of the above	4
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.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; This study is being ordered for Follow-up to Surgery within the last 6 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurology or Orthopedics	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	8
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam findings are unknown or not documented. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	4

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
Other	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	8
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The sensory change is reported by the patient.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4

Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16
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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	4
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; None of the above findings are documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
Other	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4

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 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.	4
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	12
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.; 'None of the above' were noted as an indication for knee imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	4
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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	12
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Other	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	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Other	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	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4

Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient has completed an abdominal X-ray or KUB for this problem. ; The imaging study was completed within the past month. ; The prior imaging study was unremarkable. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Other	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	8
Other	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
Other	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Other	Disapproval	78451 Ht Muscle Image Spect Sing	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
Other	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	4
Other	Disapproval	93350 Stress Tte Only	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

OTHER O/P DIAG TESTING	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
OTHER O/P DIAG TESTING	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; 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	4
OTHER O/P DIAG TESTING	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; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
OTHER O/P DIAG TESTING	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An EGD or colonoscopy has been completed. ; The test did show findings that were concerning for cancer.	4
OTHER O/P DIAG TESTING	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 headhache within the past month; Headache best describes the reason that I have requested this test.	4
OTHER O/P DIAG TESTING	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
OTHER O/P DIAG TESTING	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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown who directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	4
OTHER O/P DIAG TESTING	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
OTHER O/P DIAG TESTING	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
OTHER O/P DIAG TESTING	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	4
OTHER O/P DIAG TESTING	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
OTHER O/P DIAG TESTING	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
OTHER O/P DIAG TESTING	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A kidney problem is the reason for this request. ; The kidney problem was found on something other than prior imaging.	4
OTHER O/P DIAG TESTING	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	4
OTHER O/P DIAG TESTING	Disapproval	93307 Tte W/O Doppler 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 a 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.	4
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.	24
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.	8

Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.	4
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.	4
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	8
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.	4
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.; The ordering provider's specialty is Otolaryngology	8
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/abcess or a pre-operative evaluation.	28
Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		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.	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	4
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; The patient does not have a known aneurysm.; This is a request for a Brain MRA.; This is for a suspected aneurysm.	4
Otolaryngology	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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Otolaryngology	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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4

Otolaryngology	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Otolaryngology	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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is a concern for optic neuritis.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and hearing loss.; The patient's hearing loss is in both ears.; This procedure is being requested for dizziness or vertigo.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The ordering provider's specialty is otolaryngology.	52
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The ordering provider's specialty is otolaryngology.	24
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	8
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Otolaryngology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	4
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.; It is not known if there is a palpable neck mass or lump.	4
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4

Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	16
Otolaryngology	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 not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Otolaryngology	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 a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Otolaryngology	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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Otolaryngology	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	Audio today shows severe-profound high frequency SNHL AD with improvement and complete resolution of conductive loss;Left ear has mild to severe SNHL. There is asymmetry. ;He does not perceive a significant difference in his ears at baseline with hearin; Yes, this is a Functional MRI Brain.	4
Otolaryngology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
Pediatric Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatric Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatric Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatric Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Pediatrics	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.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; There is a concern for shunt malfunction. ; This procedure is being requested for a VP shunt.	4

Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	8
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is documented by the provider in the exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Pediatrics	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 not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Pediatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The reason for this request is for another concern that is not listed.	4

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.	4
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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4
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 study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	4
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 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.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4
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 imaging study of the knee was noted as an indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is NOT Orthopedics	4
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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Pediatrics	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Pediatrics	Approval	76390 Magnetic resonance spectroscopy		This is a request for MRS.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Unknown or not listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	4

Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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.	4
Pediatrics	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Pediatrics	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	4
Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	4
Physical 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.	8
Physical 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; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
Physical Medicine	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; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
Physical 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 NOT been examined twice at least 30 days apart.	4
Physical 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.	4
Physical 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 NOT a palpable neck mass or lump.	4
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for 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.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4

Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has NOT completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is currently on dementia medication. ; The patient is currently taking Kisunla (donanemab-azbt).; This procedure is being requested for memory loss or cognitive impairment.; The ordering provider's specialty is NOT neurology.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a recurrence of cancer.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	12
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is NOT on seizure medication(s).	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	4
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	8
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4

Physical Medicine	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.; There is NOT a tumor with need to clarify vascular involvement.	4
Physical Medicine	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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
Physical Medicine	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 a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
Physical Medicine	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 or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.; The member is 19 or older.	4
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material			4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient is 50 years of age or older.; There is no history of trauma.; This study is being ordered for Evaluation of a compression fracture	8

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		It is not yet determined when the patient will have back surgery. ; The reason for this request is for a pre-operative study.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms and legs. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	8

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Hoffman's sign was documented on the physical exam.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Lhermitte's sign was documented on the physical exam.	16
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; Spurling was documented on the physical exam.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	24

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This case was created via RadMD.; 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	4
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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.; Neurological: Positive for tremors, weakness and numbness.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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 not seen the doctor more then once for these symptoms.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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?	16

Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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.; CEFTRIAXONE 2 G EVERY 12 HOURS; 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.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	4
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material			4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is NOT having new nerve complaints. ; The patient is NOT scheduled for a surgery related to this fracture.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having new back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	8

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4- in the office visit note.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is unknown.; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	8
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient has no change in back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; It is unknown who directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently.	4

Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms.	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	12
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive drop art test was documented in the office visit note.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; A rotator cuff tear is suspected.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive lift off test was documented in the office visit note.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	8
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; Impingement is suspected.; The patient has completed a shoulder X-ray in the past 3 months.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient's current treatment plan is for initial staging. ; This request is for a known tumor or mass.; The tumor or mass started in the upper extremity (primary).; A tumor or mass is the reason for this request.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; This request is for a suspected tumor or mass.; This tumor or mass was identified on X-ray.; A tumor or mass is the reason for this request.	4
Physical Medicine	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 know if surgery or arthrscopy 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
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is from an old injury.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Physical 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 evalutation of wrist pain.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has NOT participated in conservative care treatment in the past 6 months. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4

Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The reason for this request is for another concern that is not listed.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is 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 recevied joint injection(s).	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from 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.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Wrist or hand pain is the reason for this request.; A positive Watson's test (scaphoid shift test) is documented in the office visit note.	4
Physical 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		"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.; SUSPECTED BONE OR SOFT TISSUE INFECTION. PATIENT HAS CHRONIC DIABETIC ULCER ON OTHER PART OF UNSPECIFIED FOOT WITH OTHER SPECIFIED SEVERITY	8
Physical 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 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.	4
Physical 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 ordered for a post op.	4
Physical 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 ordered for known fracture.; The study is being ordered to evaluate a possible non union facrture.	4
Physical 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 ordered forfoot pain.; The study is being ordered for acute pain.	4
Physical 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 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	4

Physical 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; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics	4
Physical 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; 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	4
Physical 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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
Physical 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	16
Physical 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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
Physical 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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
Physical 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 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8
Physical 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 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.	4
Physical 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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Physical 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 an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4

Physical 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 an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Physical 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 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.	8
Physical 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 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.	4
Physical 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 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.	8
Physical 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 study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Physical 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 study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Physical 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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Physical 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 chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	4
Physical 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 a mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; It is not known if the plain films were abnormal.	4
Physical 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 a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4

Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	8
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed 3 - 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	16
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal MRI has been completed. ; A possible abscess was found on prior imaging.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	4
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	16

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	16
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		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	4
Physical Medicine	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	4
Physical Medicine	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		It is unknown why this procecure is being requested	4
Physical Medicine	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 case was created via BBI.; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Something other than listed is known or suspected; The procedure is planned in 6 months or less	4
Physical Medicine	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 case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Something other than listed is known or suspected; The procedure is planned in 6 months or less	4

Physical Medicine	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 case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	4
Physical Medicine	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Physical Medicine	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; Other cardiac stress testing was completed 6 months or less ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		; This is 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	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		Chest pain, acute, low-mod prob of ACS; This is 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	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		Enter answer here - or Type In Unknow she has been smoking cigarettes. She has a 15 pack-year smoking history / 64 YRS OLD ; she has 27% Afib burden; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		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.	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		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	8
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4

Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Physical Medicine	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	20
Physical Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; Other not listed is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4
Physical Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Physical Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with PSMA.	4
Physical 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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	12
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			316
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 06/12/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 07/13/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; No patient history in the past 60 days	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently suffered either a CVA or TBI; 08-21-2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The primary condition is Voice; The patient has not recently suffered either a CVA or TBI; 09/18/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 02/04/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 08/18/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is unknown; Speech Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old; 04/13/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient’s plan of care does NOT include treatment to improve reading and writing; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	8

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is other; 07/01/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	8
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Rehabilitative; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 12/18/2025; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 01/30/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; The member is 0-3 years old; 03/14/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was requested; The member is between 1 and 7 years of age.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 05/02/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested; The member is 10 years of age or older.	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 03/25/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 05/20/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 03/10/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 03/18/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 08/19/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; Speech Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler 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.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; It is unknown if the patient is experiencing new or changing symptoms related heart valves.	4
Physical Medicine	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	12
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	36
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	4
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	8

Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	16
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	24
Physical Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	36
Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4
Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
Physical Medicine	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			9592
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		04/15/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/14/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		05/20/2026; No patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/03/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/15/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 1-6 years old.; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; Physical Therapy is being requested; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Physical Therapy was requested; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/16/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/22/2026; Evaluation dates more than 90 days in the past; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/26/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		06/29/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/01/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Two visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/06/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/07/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/08/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07/02/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/08/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07/05/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/09/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/13/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07/09/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/14/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/17/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/18/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/20/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		07/28/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/03/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	8
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/05/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/07/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/11/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/15/2026; Post-Op; One visit anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/17/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		08/26/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		09/01/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The member is 10 years of age or older.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		09/07/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		09/14/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		09/17/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	8

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 07/01/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Lumbar Spine; 08/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Lumbar Spine 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 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 was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Lumbar Spine; 08/24/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Lumbar Spine 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn 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 was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Shoulder; 09/22/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; 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 Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		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 not in options listed; 08/19/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 08/13/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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:; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 08/19/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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.; 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 09/02/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; Recalled previous desired frequency is 3.; No patient history in the past 60 days; Non-Surgical; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 09/04/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; 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:; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 07/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; 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 presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 07/20/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; 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 presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Thoracic Spine/Chest; 07/02/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 thoracic/lumbar impairments with distal symptoms best describes the patientÆs clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Lumbar Spine; 08/10/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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 Lumbar Spine; 09/02/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical; Non-Surgical	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Body Part passes complete; Perform Body 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; 07/07/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/30/2026; Post-Op; Lower Leg selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 presentation; 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; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
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 Hip/Pelvis; 08/11/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 08/06/2026; 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; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
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; 09/25/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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 not in options listed; 09/22/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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 not in options listed; 09/25/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Requestor is not a fax; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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 not in options listed; 09/28/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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 Elbow; 08/04/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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: 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; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
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 Elbow; 08/13/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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: 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; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
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 Hip/Pelvis; 07/07/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/18/2026; 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; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4

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 Hip/Pelvis; 07/30/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Severe 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; No patient history in the past 60 days	4
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 Hip/Pelvis; 09/17/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
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 Hip/Pelvis; 09/24/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; No patient history in the past 60 days	4

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; 06/29/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 07/15/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 07/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4

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; 07/21/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 07/29/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 08/03/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4

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; 09/10/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 09/22/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; 07/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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; 08/05/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 08/20/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 08-31-2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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; 09.22.2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09/05/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 08/28/2026; 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; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days; Post-Op	4
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; 09/09/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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; 09/10/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09/24/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 04/29/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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; 07/13/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 07/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 08/12/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4

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; 08/13/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
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; 08/18/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 08/19/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 08/11/2026; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

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; 09/01/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09/03/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09/09/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

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; 09/14/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09-09-2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; 09/09/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; One Body Part selected; No Second Pass; Requestor is not a fax; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/22/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07/20/2026; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; None of the above best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/07/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/13/2026; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 08/04/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07-07-2026; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request id for the Foot.; Body Part passes complete; Perform Body 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; 09/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine 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 Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 08/31/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 07/09/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes			1408
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		01/17/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; Patient history in the past 60 days	4

Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		03/03/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		04/07/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		04/07/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; Patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		04/20/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; Patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		05/26/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4

Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		07/01/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.;; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		07/01/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The member is 10 years of age or older.; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		07/01/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; Patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		07/08/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		07/27/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		08/20/2025; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; Patient history in the past 60 days	4

Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		Body Part passes complete; Perform Body 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; 08/10/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Non-Surgical; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Recalled previous desired frequency is 2.; Shoulder pain: includes mobility deficits, poor movement control, impingement, subacute injury/surgery, chronic conditions, fracture and/or osteoarthritic conditions best describes the patient's clinical presentation.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
Physical Medicine	Approval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		This request is for the Ankle.; This request id for the Foot.; Body Part passes complete; Perform Body 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; 06/29/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 01-27-2026; Post-Op; Foot/Ankle 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 Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; 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 was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 1 visit per week.; No patient history in the past 60 days	4

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			52
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		03/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week	4
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		03/31/2026; Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; Occupational Therapy is being requested.	4
Physical 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.	4
Physical 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' 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
Physical 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 headhache within the past month; Headache best describes the reason that I have requested this test.	8
Physical Medicine	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Physical 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.	4
Physical Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4

Physical 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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Physical 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 requested for another reason not listed above.; The patient has no additional symptoms with the dizziness or vertigo.; This procedure is being requested for dizziness or vertigo.	4
Physical 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 requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	8
Physical 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 requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	4
Physical 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 requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Physical 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 requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Physical Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	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.	4
Physical Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is 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.	4
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	12
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has suspected cancer.; Cancer is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.; The reason for this request is for a pre-operative study.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office does NOT have dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; Neck pain is the reason for this request.	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; A positive Lhermitte's sign was documented on the physical exam.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has physical exam findings of a positive Babinski's, Lherrmitte's, Chaddock's, Hoffman's sign, or clonus.; Neck pain is the reason for this request. ; Spurling was documented on the physical exam.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 2 / 4 (2 out of 4) Normal reflex.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Physical Medicine	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 Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	8
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.; It is not known if there is weakness or reflex abnormality.	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	4
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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.	8
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 Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	4
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 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 reflex abnormality.; Sarah Elizabeth Odom is a 30 y.o. female who presents for evaluation of bilateral leg and abdominal numbness x 1-2 weeks. ;;The abdominal bilateral lower extremity numbness commenced approximately 1.5 to 2 weeks prior, involving the medial aspects of bo	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; It is unknown what the patient's White Blood Cell (WBC) value is; or the blood test is not completed.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did NOT include flexion and extension views.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having new back pain symptoms. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; Clicked to continue	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 1 - 2 days per week.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	20
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	8

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 3 - 4 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	20
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program daily.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4- in the office visit note.; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has received injections for the pain recently.	4

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; It is unknown what the reflex exam findings are. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery between 1 to 3 months. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	8
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	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 case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	12

Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical 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.	4
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 ordering MDs specialty is NOT Orthopedics; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has NOT been completed in the past 3 months.	4
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 pain is from a recent injury.; It is not know if surgery or arthrscopy 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 evalutation of wrist pain.	4
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 pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
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 pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 patient has NOT participated in conservative care treatment in the past 6 months. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
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 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.; Homes stretches given, Patient actively participated in decision making, and plan of care. Instructions, and patient education handouts provided. All questions answered, and medication side-effects discussed when appropriate. Patient verbalized underst; The patient received oral analgesics.	4
Physical Medicine	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Physical Medicine	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8

Physical Medicine	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	12
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	8
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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 arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	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.	4

Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	8
Physical 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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	8
Physical 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.	4
Physical 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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical 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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	12
Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Physical Medicine	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	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4

Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the blood vessels including the aorta (AAA).; The type of blood vessel problem found on prior imaging is another finding not listed above.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Physical Medicine	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Physical Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is for suspected inflammatory bowel disease. ; Inflammatory Bowel Disease (IBD) is the reason for this request.; The colonoscopy is not completed.	4
Physical Medicine	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	Chest pain; This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Physical Medicine	Disapproval	75574 Ct Angio Hrt W/3d Image	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	4
Physical Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4

Physical Medicine	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4
Physical Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	8
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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
Physical Medicine	Disapproval	78451 Ht Muscle Image Spect Sing	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 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	4
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary		56
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Habilitative; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 0-3 years old; 01/08/2026; The evaluation date is not in the future; Three or more visits anticipated; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The internal carrier id is not 103.; Speech Therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 270 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Speech Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Speech Therapy was requested; The member is between 1 and 7 years of age.	8
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 01/06/2026; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	8
Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary	Patient history in the past 90 days; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; 05/19/2025; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested	4
Physical Medicine	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	8

Physical Medicine	Disapproval	93307 Tte W/O Doppler 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 none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary		1960
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is under 1 year old.; Torticollis, feeding or developmental delay is the condition being treated; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The intended intended number of treatments per week is 1 visit; Physical Therapy was requested; The member is 0 to 1 years of age.	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/08/2026; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/16/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 103.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; Patient history in the past 60 days	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/24/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	06/30/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 06/29/2026; Post-Op; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 3 or more visits per week; No patient history in the past 60 days	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body 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 not in options listed; 06/23/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Upper Extremity was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	8
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body 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 Lumbar Spine; 05/25/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Hip/Pelvis selected as the specific body part; Lumbar Spine 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body 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; 03/19/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.	4
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 Knee; 05/26/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Other presentation best describes the patient's clinical presentation.	12
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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/01/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/08/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.	8
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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/21/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/05/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days	8

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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Lumbar pain: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; No Second Pass; Requestor is not a fax; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; Recalled previous desired frequency is 2.; Cervicalgia: includes mobility deficits, poor movement control, subacute injury/surgery, chronic conditions, osteoarthritis and/or radiating symptoms best describes the patient's clinical presentation.; No patient history in the past 60 days; Non-Surgical	4
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; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/18/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/13/2026; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Post-Op; 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: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 07/22/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 07/20/2026; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); One Body Part selected; Requestor is not a fax; None of the above best describes the patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 07/07/2026; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 05/13/2026; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 patientÆs clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 2 visits per week.; No patient history in the past 60 days	4

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; 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 not in options listed; 06/16/2026; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; 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: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Non-Surgical; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 loss of range of motion, strength, or ability to perform daily tasks best describes the patientÆs clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The internal carrier id is not 167.; The internal carrier id is not 167.; The internal carrier id is not 102.; Physical Therapy is being requested; Physical Therapy was requested; The desired frequency is 1 visit per week.; Recalled previous desired frequency is 1.; Knee pain: includes mobility deficits, sprain, tendinitis, subacute injury/surgery, chronic conditions, fracture, and/or osteoarthritic conditions best describes the patient's clinical presentation.; No patient history in the past 60 days	4
Physical Medicine	Disapproval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Radiology Services Denied Not Medically Necessary		108
Physical Medicine	Disapproval	97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Radiology Services Denied Not Medically Necessary	03/03/2026; The therapy type is Habilitative (Therapy that helps a person learn new skills they never had before, often because they were born with a condition.); Requestor is not a fax; Occupational Therapy was requested; The evaluation date is not in the future; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The member is 1-6 years old.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The internal carrier id is not 103.; Physical or Occupational therapy was requested; The internal carrier id is not 167.; Evaluation dates less than 180 days in the past; The internal carrier id is not 102.; The internal carrier id is not 102.; Occupational Therapy is being requested.; The intended intended number of treatments per week is 1 visit; Occupational Therapy is being requested.; The member is between 1 and 7 years of age.; No patient history in the past 60 days	4
Physical Medicine	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		88
Physical Medicine	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	04/28/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated without surgery.; Three or more visits anticipated; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); Requestor is not a fax; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 3 or more visits per week	4

Physical Medicine	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	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist 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 Wrist request: ; 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; 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; 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health	4
Physical Medicine	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	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/27/2026; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This condition was treated with surgery.; 02/20/2026; 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.; The therapy type is Rehabilitative (Therapy that helps a person get back skills they lost after an injury, illness, or surgery.); 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 presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.; The desired frequency is 2 visits per week.	4
Plastic Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		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.	8
Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	4
Podiatry	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
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 oordered for infection.	12

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 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.	4
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 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.	4
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 known fracture.; The study is being ordered for routine follow up.	4
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 suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	4
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 forfoot pain.; The study is being ordered for acute pain.	4
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 forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
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 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.	8
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 forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
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 a reason other that ankle pain.; The member has a recent injury.	8
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 a reason other that ankle pain.; The study is for a mass, tumor or cancer.	8

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.; 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.	4
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.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	44
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.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	12
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 is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	4
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 is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
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 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.	8
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 is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	4
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 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.	4
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 is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	4
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 is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	24

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 is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	4
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 is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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 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 arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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 Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	8
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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Preventitive Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; The prior imaging showed another finding not listed above.	4
Preventitive Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Psychiatry	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; The patient is on anticoagulation or blood thinner treatments	4
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 22 or below. ; The patient's CBC, CMP, TSH, and Vitamin B12 results were normal. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	4
Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for 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.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4

Pulmonary Medicine	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 another reason besides Known or Suspected Congenital Abnormality, Known or Suspected Vascular Disease, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	12
Pulmonary Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Pulmonary Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	8
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); It is unknown if this is for a new diagnosis (initial staging)	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	20
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; 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; This study is being ordered for Chest pain of suspected cardiac etiology	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4

Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	8
Pulmonary Medicine	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	4
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	24
Pulmonary Medicine	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Pulmonary 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 is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	4
Pulmonary 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/abcess or a pre-operative evaluation.	4
Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have an elevated D-dimer blood test. ; The patient is not at high risk for a pulmonary embolus based on shock or hypotension nor has a pre-test high probability score.	4
Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Pulmonary Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
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 Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler 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 none of the above; The reason for ordering this study is unknown.	4

Pulmonary Medicine	Disapproval	93307 Tte W/O Doppler 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 Pulmonary Hypertension.	12
Pulmonary Medicine	Disapproval	93350 Stress Tte Only	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
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.	4
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	4
Radiation Oncology	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.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	12
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has a known cancer. ; The patient's cancer is being monitored or under surveillance.	8
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has new confusion or disorientation (altered mental status).; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	4
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has weakness and/or numbness of one side of the body.; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	8
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4

Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	4
Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; The last abdomen MRI was completed less than 3 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4
Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
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 Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	8
Radiology	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.	12
Radiology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	4
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	8
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4

Radiology	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.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; It is unknown if the patient has completed an eye exam.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology.	4
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	4
Radiology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
Radiology	Approval	72131 Computed tomography, lumbar spine; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	4
Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4
Radiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is NOT having new nerve complaints. ; The patient is currently on treatment for cancer.	4

Radiology	Approval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for a pelvis CT angiography.	4
Radiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Radiology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Radiology	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 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.	8
Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a hemangioma.	4
Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Radiology	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Radiology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4
Radiology	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.	4
Radiology	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Radiology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has NOT been an ultrasound of the neck or carotid arteries in the last 3 months.	4

Radiology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; It is unknown if the dissection is known or suspected.	4
Radiology	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4
Radiology	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.; It is unknown if a fine needle aspirate was done.	4
Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Radiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4
Radiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; This study is being ordered for None of the above	4
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Radiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8

Radiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Radiology	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.	4
Radiology	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.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	28
Radiology	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.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Radiology	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	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Radiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Amyloid.; The patient had a MoCA (Montreal Cognitive Assessment) within the past 12 months; The assessment score was 27 to 30; Alzheimer's disease is the primary reason for this study.	4
Rehabilitations	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	4
Reproductive Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; The patient has completed blood tests for this problem.; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed a neuro-psychological evaluation.; The memory testing showed mild memory impairment.	4

Rheumatology	Approval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)		This is a request for a Temporomandibular Joint (TMJ) MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; This study is being ordered for evaluation of a dysfunctional temporomandibular joint (TMJ).; The conservative therapy did NOT include treatment with a bite block or splint.	4
Rheumatology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	4
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Rheumatology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; This study is being ordered for Neurological deficits	4
Rheumatology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Pelvic or groin pain is the reason for this request. ; Musculoskeletal pain is the source of the pelvic or groin pain.; The patient has completed a pelvic x-ray in the past 3 months.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient's current treatment plan is for initial staging. ; This request is for a known tumor or mass.; The tumor or mass started in the upper extremity (primary).; A tumor or mass is the reason for this request.	4

Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Rheumatology	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 evalutation of wrist pain.	4
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
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 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.	4
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 study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	4
Rheumatology	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	8
Rheumatology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	4

Rheumatology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or discitis.; This study is being ordered for Known or Suspected Infection or abscess	4
Rheumatology	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Rheumatology	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4
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 ordered forfoot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; It is not known if a plain x-ray of the area has been done.; The patient had abnormal lab studies.; A white blood cell count was completed.; The white blood cell count was normal.	4
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 ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	4
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 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	4
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 not failed a 4 week course of conservative management in the past 3 months.	4

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 not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
Rheumatology	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	8
Rheumatology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; The requested study is for pre-operative evaluation.; The ordering provider's specialty is not general surgery, vascular surgery, surgical oncology, or hematology oncology.; This study is being ordered as a pre-op or post op evaluation.	4
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of another cancer not listed above. ; It has been between 1 - 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Rheumatology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Rheumatology	Disapproval	93307 Tte W/O Doppler 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 none of the above; This 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.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Sports Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This is a request for a thoracic spine MRI.; 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 not seen the doctor more then once for these symptoms.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The reflex changes are in both legs and feet. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Sports Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Pelvic or groin pain is the reason for this request. ; The source of the pelvic or groin pain is not musculoskeletal or gynecological.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Elbow pain is the reason for this request.; A positive push-up test is documented in the office visit note.	4
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; The finding that is suspected is not listed.; The patient has completed a shoulder X-ray in the past 3 months.	4
Sports Medicine	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.	4
Sports 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 arthrscopy 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
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.	8
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 sequences		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4

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 sequences		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	4
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 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	4
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 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	4
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 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
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 sequences		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
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 sequences		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4
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 sequences		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
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 sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8
Sports 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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	8
Sports 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 a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	4
Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4

Sports Medicine	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.	4
Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	4
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at another clinic or hospital directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.	4
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; None of the above findings are documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Elbow pain is the reason for this request.; Limited or decrease range of motion is documented in the office visit note.; The patient has completed an elbow X-ray in the past 3 months.	4
Sports 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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	4
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 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.	4
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 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	4
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 immobilizer; The ordering MDs specialty is NOT Orthopedics	4
Sports Medicine	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.	4

Surgery	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.	4
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.	8
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 NOT a palpable neck mass or lump.	4
Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is Surgery; A Neck CTA is being requested	4
Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	4
Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having new back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; The patient is scheduled for back surgery within the next one month. ; The ordering provider's specialty is NOT Orthopedics or Neurological Surgery.	4
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is a surgeon.	4

Surgery	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 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 evalutation of wrist pain.	4
Surgery	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 evalutation of wrist pain.	4
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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	4
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 not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	4
Surgery	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The ordering provider's specialty is general surgery.; This study is being ordered for an infection such as pancreatitis or abscess.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; The requested study is not a first follow up study for a post operative complication.; The requested study is for post-operative evaluation.; This study is being ordered as a pre-op or post op evaluation.	4
Surgery	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4
Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; This is being requested for Surgery Planning; The ordering MDs specialty is Surgery.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	60
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is between 12,000 - 15,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost more than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing a fever.; The patient is having abdominal and/or flank pain.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of kidney cancer. ; It has been less than 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	12

Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an ultrasound. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed other diagnostic testing not listed above. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for known Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is NOT completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	8
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	12
Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	32
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4

Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	8
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient does NOT have a confirmed diagnosis of cancer from this mass or tumor. ; The patient has completed an ultrasound for this condition within the past 4 months. ; The results of the ultrasound were abnormal. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed a solid mass.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a confirmed diagnosis of cancer from this mass or tumor. ; The patient was last treated for cancer within the past 2 years. ; The last abdomen MRI was completed more than 6 months ago. ; A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed cancer.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is more than 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	8
Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Surgery; This procedure is being requested for post-procedural evaluation	4
Surgery	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)		Requestor has decided to proceed with the unlisted code.	4
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Breast cancer.	4
Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4
Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is 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.; There is NOT a tumor with need to clarify vascular involvement.	4

Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is 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, Known or Suspected Thoracic Aortic Aneurysm. ; Yes, this is a request for a Chest CT Angiography.	4
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.; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has new neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Surgery	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.	4
Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; It is unknown how long the pain has been present.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	16
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The colonoscopy is planned but has not yet been completed. ; This study is requested for Inflammatory Bowel Disease (IBD), Crohn's Disease, or Ulcerative Colitis (UC).	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4

Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in an area not listed above.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the pelvis.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	8
Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	20
Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	4
Surgery	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	This CT Colonoscopy is being ordered for diagnostic purposes; It is unknown if the member had any colon screening studies completed prior to this request	4
Surgery	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or unknown.; This study is being ordered for none of the above or don't know.	4
Surgical 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.	4
Surgical 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 neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.	4
Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.	4
Surgical Oncology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; A Neck CTA is being requested	4
Surgical Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Surgical Oncology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	8

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 sequences		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.	4
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is a surgical oncologist.	8
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is a surgical oncologist.; This study is requested for evaluation of cancer or a tumor.	4
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	8
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	8
Surgical 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 study is being ordered as a pre-operative evaluation.; The ordering provider's specialty is NOT Otolaryngology, Surgery, Neurological Surgery or Oral/Maxillofacial.	4
Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with Fluciclovine (18F).	4
Thoracic Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		There are 4 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		There are 4 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)		There are 4 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4
Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 4 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	4

Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	8
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 a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does NOT have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs. ; There is an echocardiogram or x-ray suggesting aortic aneurysm.	4
Thoracic Surgery	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 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.	4
Thoracic 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 not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	4
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Thoracic Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	4
Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler 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.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Thoracic Surgery	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	4

Thoracic Surgery	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
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	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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
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.	40
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid hemorrhagebest describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA or stroke with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; The symptoms were less than 48 hours ago.	4
Unknown	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.	12
Unknown	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.	4
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; The patient is NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	32
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; The patient is on anticoagulation or blood thinner treatments	20
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	4
Unknown	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 HIV or immunocompromised status.; Headache best describes the reason that I have requested this test.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4
Unknown	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
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 headhache within the past month; Headache best describes the reason that I have requested this test.	20
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.; There are documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4

Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; 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.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is NOT a Medicare member.; 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.	4
Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has NOT been a stroke or TIA within the past 2 weeks.	12
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; Carotid or vertebral artery dissection is the reason for this request.; The dissection is suspected.	8
Unknown	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	8
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.	32
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.; It is not known if there is a palpable neck mass or lump.	4
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 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 been diagnosed with cancer.	4
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 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.	8
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 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	4
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 NOT done.	12

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 size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	4
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 NOT a palpable neck mass or lump.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.	4
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.; The ordering provider's specialty is NOT Otolaryngology, Surgery, Neurological Surgery or Oral/Maxillofacial.	4
Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure; A Brain CTA is being requested	4
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Brain CTA is being requested	8
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure; A Neck CTA is being requested	4
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed; A Neck CTA is being requested	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	4
Unknown	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.	4

Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient has a known aneurysm.; This is a request for a Brain MRA.	24
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.; This is a request for a Brain MRA.; This is for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
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.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is having an acute headache that started in the last 24 hours.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	8
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a meningioma.; The ordering provider's specialty is NOT neurology.; The meningioma was diagnosed less than 3 years ago.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a known pituitary tumor. ; The patient is experiencing a new headache. ; The ordering provider's specialty is NOT endocrinology, neurology, pediatrics or ophthalmology	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	16
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; A visual field deficit is documented in the patient's office visit note.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology or ophthalmology.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; Ocular nerve palsy is documented in the patient's office visit note.; This procedure is being requested for vision, nerve abnormality or complaint.; The ordering provider's specialty is NOT neurology or ophthalmology.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is a concern for optic neuritis.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has NOT completed any cognitive testing.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is NOT on medication(s) for this problem. ; The patient does NOT have new nerve symptoms. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient is on medication(s) for this problem. ; There is a plan to start or switch the patient's treatment. ; This procedure is being requested for Multiple Sclerosis (MS).; The ordering provider's specialty is NOT neurology.; The patient has known Multiple Sclerosis (MS).	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; The patient's score from the memory testing was 22 or below. ; The patient's CBC, CMP, TSH, and Vitamin B12 results were abnormal. ; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed the MMSE or MoCA cognitive testing.; The ordering provider's specialty is NOT neurology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	20
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have any signs or symptoms of trouble speaking, weakness or numbness to side of the body, or new confusion. ; The patient has symptoms concerning for a brain tumor. ; The patient has a known cancer.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is NOT on current treatment for cancer. ; The patient has lung cancer. ; The patient has a known cancer. ; The patient has a new diagnosis of cancer.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient does NOT have symptoms concerning for a brain tumor. ; The patient is on current treatment for cancer. ; The patient has a known cancer.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a known stroke or mini stroke (TIA)	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	24
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; It is unknown when the injury occurred.	4

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 1 - 2 weeks ago.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for head trauma or concussion.; The injury occurred 3 or more weeks ago.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for hearing loss. ; The hearing loss is present in the right ear. ; The hearing test showed sensorineural hearing loss. ; The ordering provider's specialty is NOT otolaryngology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in both ears. ; The tinnitus is NOT described as a pulsatile, throbbing, or whooshing sound. ; The ordering provider's specialty is NOT otolaryngology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for hearing loss or tinnitus.; This request is for tinnitus. ; The tinnitus is present in the right ear. ; The ordering provider's specialty is NOT otolaryngology.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient had recent fevers.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has NOT received brain imaging for this problem.	36
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient does NOT have a known seizure this is the first seizure or a new diagnosis. ; The patient has NOT had recent fevers. ; The patient has received brain imaging for this problem.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is stable.	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for seizures. ; The patient has a known seizure disorder. ; The patient is on seizure medication(s). ; The patient's seizure disorder while on medication is worsening.	8
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	32
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 6 years or younger	4
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	20

Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	52
Unknown	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 Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	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.; There is a tumor with need to clarify vascular involvement.	8
Unknown	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.; There is NOT a tumor with need to clarify vascular involvement.	4
Unknown	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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; It has been 6 months or more since the patient's last Chest CTA.	4
Unknown	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 a known Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; No previous Chest CTA has been performed	4
Unknown	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 a suspected Thoracic Aortic Aneurysm (TAA). ; Yes, this is a request for a Chest CT Angiography.; The patient does have symptoms of abrupt onset of severe sharp or stabbing pain in the chest, back or abdomen OR has asymmetric blood pressure readings between limbs.	4
Unknown	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 post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	4
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; The patient is at high risk for a pulmonary embolus based on shock or hypotension or a pre-test high probablity score.	32
Unknown	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.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	4

Unknown	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 metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	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 pre-operative evaluation.; This is a request for a chest MRI.	4
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)		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.	4
Unknown	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; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.; This study is being ordered for none of the above above.	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.; This study is being ordered for chronic neck pain, suspected degenerative disease, trauma or acute injury within 72 hours	4
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	8
Unknown	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	4
Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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 an Epidural.; This study is being ordered for None of the above	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; Surgery is not scheduled within the next 4 weeks.; This study is being ordered for Pre-Operative Evaluation	12
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4

Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Neurological deficits	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; hydrocodone-acetaminophen 10-325; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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?; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is a history of trauma.; This study is being ordered for Evaluation of a compression fracture	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; This study is being ordered for Suspected Tumor with or without Metastasis	4
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material		This is a request for a lumbar spine CT.; This study is being ordered for Known Tumor with or without metastasis	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material			4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has known Multiple Sclerosis (MS). ; The patient is 13 years or older.; The cervical spine has lesions. ; The patient is currently on medication for Multiple Sclerosis (MS). ; The patient is stable on their current treatment. ; Multiple Sclerosis (MS) is the reason for this request.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has new exam findings showing weakness, sensory changes or reflex changes in the arms or hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient has suspected cancer.; Cancer is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects only the arms and hands. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam findings are 4 / 4 (4 out of 4) Very strong reflex.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8

Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The strength testing exam showed 4- / 5 (4- out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The patient's age is 6 years or older.; The weakness is present in one arm or hand. ; The strength testing exam showed 4 / 5 (4 out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	12
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		The reason for this request is for another concern not listed.	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8

Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
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.	4
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?	12
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.; other medications as listed.; Ibuprofen 800 mg as needed for pain;Pregabalin (Lyrica) 50 mg twice daily, which can be used for neuropathic/radicular pain; 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.	4
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 Known Tumor with or without metastasis	8
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 Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	8
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 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.	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	4
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material		This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The patient is 50 or older; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; There is NOT a concern that this fracture is related to cancer.; The patient is NOT having new nerve complaints. ; The patient is NOT scheduled for a surgery related to this fracture.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older. ; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I do NOT have the required documentation at this time. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	16
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; There is a decreased sensation documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted chiropractic care for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; It is unknown if there is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; It is unknown who directed the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4+ in the office visit note.; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently. ; The weakness to the affected leg is documented as 5 (5/5).	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is documented as a 4 (4/5).; The weakness is documented as a 4 in the office visit note.; Clicked to continue	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 8 - 10 physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam finding are 3 / 4 (3 out of 4) Stronger than normal reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is having new nerve complaints.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is NOT having new nerve complaints. ; The patient is currently on treatment for cancer.	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for known cancer. ; The patient is NOT having new nerve complaints. ; The patient is NOT currently on treatment for cancer. ; There is NOT a recent x-ray or bone scan that is concerning for metastatic disease. ; Clicked to continue	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	8
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	12

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; There are NO neurological deficits on physical exam	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	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.; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		There is not a known tumor.; This study is being ordered as pre-operative evaluation.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; The ordering provider is NOT an oncologist, urologist, gynecologist, gastroenterologist, or surgeon.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered as a follow-up to trauma.; It is not known if there is laboratory or physical evidence of a pelvic bleed.; 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.; This is a request for a Pelvis CT.; The ordering provider is NOT a gastroenterologist, urologist, gynecologist, or surgeon.	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered due to known or suspected infection.; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; The ordering provider is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist.	12
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	8
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 - 2 months.	4
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		The patient is on a cancer treatment. ; Cancer or tumor is the reason for this request. ; According to the patient’s chart prostate cancer is known or suspected.; Prostate cancer is known.	4
Unknown	Approval	73206 Computed tomographic angiography, upper extremity, 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.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive apprehension or O'Brien's test was documented in the office visit note.	12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive drop art test was documented in the office visit note.	4

Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive empty can test was documented in the office visit note.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		Shoulder pain is the reason for this request.; A positive Hawkins or Neer's test was documented in the office visit note.; A rotator cuff tear is suspected.	8
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	12
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The ordering MDs specialty is NOT Orthopedics; The patient's white blood cell count is less than 12,000 wbc.; A suspected or known infection is the reason for this request.	4
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.	4
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 evalutation of wrist pain.	4
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 arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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 injuryis not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
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.	12
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 directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; pendulum 2 sets of 10 5 to 6 days a week;;cross over arm stretch - 4 sets each side 5-6 days a week;;passive internal rotation - 4 sets each 5-6 days a week;;passive external rotation -4 sets each side 5-6 days a week; The patient recevied medication other than joint injections(s) or oral analgesics.; Start Voltaren gel	4

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.	4
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.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	4
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 arthrscopy is not scheduled in the next 4 weeks.	20
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 not directed conservative treatment for the past 4 weeks.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)		This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
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 oordered for infection.	20
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 forfoot pain.; The study is being ordered for acute pain.	4
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 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.	8
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	16

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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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	4
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 immobilizer; The ordering MDs specialty is NOT Orthopedics	4
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 Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics	4
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 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	8
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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	8
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	44
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	8
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.; '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.	4
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 patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	16

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 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	4
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 patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics	4
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 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	4
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 an Ankle MRI.; The study is requested for a reason other that ankle pain.; The member has a recent injury.	4
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 an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is not requested for any of the standard indications for Knee MRI	4
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 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.	4
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	8
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 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.	4
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 study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8

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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	8
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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	4
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.	4
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 not failed a 4 week course of conservative management in the past 3 months.	4
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 due to a recent injury.; Tendon or ligament injuryis not suspected.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4
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 due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	4
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 due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	4
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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	4
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This request is NOT for initial staging or restaging of liver, pancreatic or esophageal cancer.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8

Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, or pancreatitis.; The ordering provider's specialty is not general surgery or gastroenterology.; This study is being ordered for an infection such as pancreatitis or abscess.	16
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	20
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	8
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This request is for repeat imaging to a known abdominal trauma.; This study is being ordered for trauma.	4
Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	24
Unknown	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 Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the abdomen.; The patient had a recent ultrasound.; This is being requested for Renal Artery Stenosis; The ordering MDs specialty is NOT Vascular Surgery, Nephrology, or Cardiology.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed 6 - 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal MRI has been completed. ; A mass or tumor was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present between 2 weeks and 3 months. ; The patient does not have pain or fever, an elevated white blood cell count or a reduced white blood cell count, and is not taking medication for this concern. ; The patient has not completed any imaging for this problem. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; The pain has been present for less than 2 weeks. ; This request is NOT for a follow-up or a known kidney stone. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	52
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is related to a solid organ transplant.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an Esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have fevers or night sweats. ; The patient has lost less than 5% of total body weight in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Recurrence (known or suspected is the patient's current cancer status. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	16

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of another cancer not listed above. ; It has been less than one year since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of colorectal cancer. ; It has been 5 years or less since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 9 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient does NOT have a history of metastatic cancer. ; The patient has a history of kidney cancer. ; It has been less than 2 years since the patient has been treated for cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; Remission or surveillance is the patient's current cancer status. ; The patient has a history of metastatic cancer. ; The last Abdomen and Pelvis CT was completed more than 6 months ago. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient is on a cancer treatment. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	44
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; The patient's current treatment plan is for initial staging. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is not an oncologist, urologist, surgical oncologist, gynecologist, gynecologist oncologist, hematologist oncologist.	20
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy, and lab testing.; This study is requested for evaluation of cancer or a tumor.	12
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed both an ultrasound and esophagogastroduodenoscopy (EGD) or colonoscopy.; This study is requested for evaluation of cancer or a tumor.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has fevers or night sweats. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing weight loss.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8

Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed 3 - 6 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This request is for suspected Inflammatory Bowel Disease (IBD), Crohn's disease, or Ulcerative colitis (UC). ; The last colonoscopy was completed less than 3 months ago. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing diarrhea including known or suspected Inflammatory Bowel Disease (IBD).	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound, EGD (esophagogastroduodenoscopy) or colonoscopy, and lab testing has been completed. ; The test did show findings that were concerning for cancer.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	16
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for 2 - 6 weeks.	8
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient has abdominal pain.; The pain has been present for less than 2 weeks.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	28
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	32
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the upper abdomen.	4
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	24
Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on blood work.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; It is unknown what the prior abnormal liver imaging showed.	4

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior abnormal liver imaging has another finding not listed above.	8
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	12
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal probem was found on blood work.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An adrenal problem is the reason for this request. ; The adrenal problem was found on prior imaging.; It is unknown if the adrenal problem is cancer.; The adrenal problem was found on ultrasound.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		It is unknown if the patient had recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is NOT Urology; This request is for another reason not listed above.; This request is NOT related to a solid organ transplant.	16
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did have recent gallbladder surgery.; It is unknown if an ERCP is planned or being considered for this patient.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer more than 5 years ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has NOT completed an ultrasound for this condition within the past 4 months. ; The patient's liver problem is related to an elevated or abnormal liver function test. ; Other liver problems not related to a mass or tumor is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is 1.5 - 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is less than 1.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is unknown. ; A pancreatic cyst is the reason for this request.	4
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	12
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

Unknown	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	4
Unknown	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		This is a request for a CT scan for evalutation of coronary calcification.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		; 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.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4
Unknown	Approval	75574 Ct Angio Hrt W/3d Image		This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	12
Unknown	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8
Unknown	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 case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Unknown	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 procedure is being requested for something other than listed	8
Unknown	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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply		This is a request for an MRI Bone Marrow.	4

Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		Enter answer here - or Type In Unknown If No I recommend a stress test to evaluate for potential blockages. due to symptoms at ER visit and family history. Due to the patient's history of foot drop and difficulty walking, I will order a pharmacologic stre; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		Exertional chest pain;Has been having shortness of breath and exertional chest pain. He has significant risk factors for CAD. Proceed to treadmill stress test. Has been having shortness of breath and exertional chest pain. He has significant risk factors; 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
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	32
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; Other cardiac stress testing was completed less than one year ago	8
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is 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	8
Unknown	Approval	78451 Ht Muscle Image Spect Sing		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.	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	24

Unknown	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	28
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	78451 Ht Muscle Image Spect Sing		This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
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 Pet Scan with CT for Attenuation.; Dementia, Alzheimer's or seizure evaluation is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); The billed CPT code will NOT be 78608 (Brain Pet; Metabolic evaluation) or 78609 (Brain Pet; Perfusion evaluation)	4
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); It is unknown if this is for a new diagnosis (initial staging)	12
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	12
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 Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is NOT for a new diagnosis (initial staging)	36
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 Pet Scan with CT for Attenuation.; This is for a PET Scan with an Other Tracer	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 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 pre-operative or post operative evaluation.	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a 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
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	12
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	4
Unknown	Approval	93307 Tte W/O Doppler 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.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	4
Unknown	Approval	93307 Tte W/O Doppler 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.; This is an evaluation of new or changing symptoms of valve disease.	16
Unknown	Approval	93307 Tte W/O Doppler 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.; This is an initial evaluation of suspected valve disease.	48
Unknown	Approval	93307 Tte W/O Doppler 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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	8
Unknown	Approval	93307 Tte W/O Doppler 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 does not have a history of a recent heart attack or hypertensive heart disease.	36
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patientÆs cardiac symptoms.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	28
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	40
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	24
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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) indicative of heart disease.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	20
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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 an enlarged heart; Their enlarged heart is not due to any of the listed indications	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This 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.	8
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	16
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	4

Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; 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
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	4
Unknown	Approval	93307 Tte W/O Doppler Complete		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	152
Unknown	Approval	93307 Tte W/O Doppler Complete		This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	4
Unknown	Approval	93350 Stress Tte Only		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 ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	4
Unknown	Approval	93350 Stress Tte Only		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 a Medicare member.; The patient has new or worsening symptoms not medically controlled ; The ordering MDs specialty is not Cardiology or Cardiac Surgery	4
Unknown	Approval	93350 Stress Tte Only		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.	8
Unknown	Approval	93350 Stress Tte Only		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.	68
Unknown	Approval	93350 Stress Tte Only		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4
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.	16
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.	4
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.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	4
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 headache's character is unknown.; Headache best describes the reason that I have requested this test.	4
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.	8
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	4

Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	4
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 the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	4
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.; This is NOT a Medicare member.; 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.	4
Unknown	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.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown when the procedure is planned; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; A pre operative evaluation is the reason for this request.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is NOT being considered for this problem.; The ultrasound showed 50 - 69% stenosis. ; The patient is having symptoms.	4
Unknown	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	16
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 recent trauma or other injury.	8
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/abcess or a pre-operative evaluation.	8
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	This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4

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 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Unknown	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.; This is NOT for a suspected aneurysm.; The patient is NOT having an acute headache that started in the last 24 hours.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	4
Unknown	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 trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has completed an eye exam.; The office visit note showed other findings than what is listed above.; This procedure is being requested for vision, nerve abnormality or complaint.; There is NOT a concern for optic neuritis. ; The concern is one that is not listed above.; The ordering provider's specialty is NOT neurology or ophthalmology.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo along with a symptoms that is not listed above.; This procedure is being requested for dizziness or vertigo.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient has dizziness or vertigo and a change in vision.; This procedure is being requested for dizziness or vertigo.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; The patient is NOT currently on dementia medication. ; This procedure is being requested for memory loss or cognitive impairment.; The patient has recently completed another type of cognitive testing.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	12
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for cancer or tumor.; The patient has a suspected cancer or tumor.	8

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for either a known or suspected stroke or TIA.; This request is for a suspected stroke or mini stroke (TIA)	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for head trauma or concussion.; The injury occurred within the past few days.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; It is unknown if the patient has a history of stroke, intracranial bleed, a blood clotting problem, or family history of aneurysm or arteriovenous malformation. ; The patient is 7 years or older.; The headache has been occurring for less than 4 weeks.	4
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for less than 3 months with no prior history of headaches.	8
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being requested for the evaluation of headache(s). ; The patient is 7 years or older.; The headaches have been occurring for more than 3 months.	4
Unknown	Disapproval	70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	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.; There is NOT a tumor with need to clarify vascular involvement.	8
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.; It is unknown if the patient has an elevated D-dimer blood test. ; It is unknown if the patient is at high risk for a pulmonary embolus based on shock or hypotension OR has a pre-test high probability score.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	4

Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The study is being ordered for Chronic back pain, suspected degenerative disease, trauma or acute injury within 72 hours.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	4
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.; This study is being ordered for None of the above	4
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.; 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?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
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 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	8
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 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.; back pain and tingliness down her left buttocks. ;;We reviewed her MRI findings that does show a little degeneration of the L5-S1 disc with a paracentral disc bulge at the L5 level, bulging out to the left causing lateral recess narrowing which could c; There is not x-ray evidence of a recent lumbar fracture.; This study is being ordered for Neurological deficits	4
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 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.; This study is being ordered for None of the above	4

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 does not have new or changing neurologic signs or symptoms.; The 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.; This study is being ordered for Acute or chronic back pain including trauma or recent injury	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has new diffuse numbness and tingling in the hands. ; The ordering provider's specialty is NOT orthopedics, neurology, or neurological surgery.; Suspected myelopathy is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam findings are unknown or not documented. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has NOT participated in conservative care treatment in the past 6 months. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted a home exercise program (HEP) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted activity modification for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted chiropractic care for the pain recently. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is documented by the provider in the exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted medications (NSAIDs) for the pain recently. ; The strength testing exam showed 4+ / 5 (4+ out of 5) to the affected arm or hand. ; The patient has new neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in their neck pain symptoms. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has new neck pain symptoms. ; The patient has a normal exam.; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has no change in their neck pain symptoms. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 4 - 7 sessions. ; Neck pain is the reason for this request.	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient has worsening neck pain symptoms. ; The patient has a normal exam.; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has new neck pain symptoms. ; The patient has sensory changes on physical exam to more than one dermatome between C1 to C7. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; The patient has attended 8 - 10 sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The strength testing exam showed 5 / 5 (5 out of 5 or no weakness) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; The patient has attended 11 or more sessions. ; The ordering provider's office has dates, duration and outcomes of the conservative care details that can be faxed or uploaded. ; I attest that I can upload or fax the documentation showing completion of conservative care. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is documented by both the patient report and exam findings. ; The patient has worsening neck pain symptoms. ; The patient's sensory changes are not documented or unknown. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has received injections for the pain recently. ; The sensory change is patient reported. ; The patient has worsening neck pain symptoms. ; The patient has sensory changes in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The patient has worsening neck pain symptoms. ; The reflex problem affects both arms or hands and legs and feet. ; The patient has reflex changes in the arms or hands. ; Neck pain is the reason for this request. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's age is 6 years or older.; The strength testing exam showed 3 / 5 (3 out of 5) to the affected arm or hand. ; The patient has worsening neck pain symptoms. ; The patient has weakness in the arms or hands. ; Neck pain is the reason for this request.	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for another concern not listed.	12
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The x-ray showed scoliosis. ; The patient is 10 years or older.; An abnormal x-ray is the reason for this request.	4
Unknown	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4

Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	16
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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; It is unknown if there are abnormal reflexes on exam	4
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; 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; It is unknown if there are abnormal reflexes on exam	4

Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	8
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; 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
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.	4
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.	4
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 weakness.;	4
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 weakness.; BILATER LOWER EXTREMITY	4
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 not seen the doctor more then once for these symptoms.	4
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	4
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?	8
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 not directed conservative treatment for the past 6 weeks.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is 49 or younger; The reason for this request is an abnormal x-ray. ; The x-ray showed a fracture. ; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is a suspected or known spine infection. ; The patient's most recent White Blood Cell (WBC) is between 12,000 to 15,000.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; It is unknown if the x-ray included flexion and extension views.	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed a pars defect. ; The x-ray did include flexion and extension views. ; The x-ray showed instability. ; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is an abnormal x-ray. ; The x-ray showed scoliosis. ; The patient is 10 years or older.	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A physical therapist directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, the exercises were given at a different office.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	12
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a normal neurologic exam, with none of the above signs or symptoms. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The exam findings show sensory changes to one area of the skin. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The sensory change is reported by the patient.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; The sensory change is reported by the patient.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 3 - 6 days per week.; There is not a copy of the home exercise program in the chart, but there is the name of the exercises in the chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.; Clicked to continue	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 1 - 3 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.; Clicked to continue	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The exam findings show sensory changes to more than one area of the skin. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 4 - 7 physical therapy and/or chiropractic care sessions. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having worsening back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The sensory change is reported by the patient.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; It is unknown how many days a week the patient participated in the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for more than 7 weeks.; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is reported by the patient and documented by the provider on exam.; There is NOT a named dermatome showing decreased sensation in the office visit note.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; It is unknown or there has been no attempt of conservative care treatment recently. ; The sensory change is reported by the patient.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently. ; The sensory change is reported by the patient.	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new sensory changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently. ; The sensory change is reported by the patient.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; I attest that I can upload or fax the documentation showing completion of the medically directed home exercise program (HEP).; The patient is having worsening back pain symptoms. ; The patient is still having pain.; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program daily.; There is a copy of the home exercise program in the patient's chart.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient is having worsening back pain symptoms. ; The patient has attempted chiropractic care for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attended 11 or more physical therapy and/or chiropractic care sessions. ; I attest that I can upload or fax the documentation showing completion of physical therapy and/or chiropractic care. ; The patient has been participating in this conservative care treatment for 5 weeks or more. ; The patient is having worsening back pain symptoms. ; The patient is still having pain.; The patient has attempted physical therapy for the pain recently. ; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; A clinician at the ordering provider's office directed the home exercise program.; The patient participated in the home exercise program 2 - 3 days per week.; There is NOT a copy of the home exercise program.; The patient has attempted a home exercise program (HEP) for the pain recently. ; The exercise program was followed for 5 - 6 weeks.	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted activity modification for the pain recently.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in both legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The patient has received injections for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is not graded.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has NOT participated in conservative care treatment in the past 6 months. ; The patient is having worsening back pain symptoms. ; The weakness to the affected leg is not graded.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient is having new back pain symptoms. ; The patient has attempted physical therapy for the pain recently. ; The weakness to the affected leg is not graded.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has new weakness in the legs or feet; The patient's weakness is present in one leg or foot. ; The patient is having new back pain symptoms. ; The weakness to the affected leg is documented as a 3 (3/5).; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; It is unknown how long the patient has been participating in this conservative care treatment. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 1 - 2 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has been participating in this conservative care treatment for 3 - 4 weeks. ; The patient has no change in back pain symptoms. ; The patient has attempted physical therapy for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted activity modification for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has participated in conservative care treatment in the past 6 months. ; The patient has no change in back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	8

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are in both legs and feet. ; The patient is having worsening back pain symptoms. ; The home exercise program was self directed either at home or gym.; The patient has attempted a home exercise program (HEP) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The patient has participated in conservative care treatment in the past 6 months. ; The reflex changes are unknown.; The patient is having worsening back pain symptoms. ; The patient has attempted anti-inflammatory medications (NSAIDs) for the pain recently.	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has reflex changes in the legs or feet. ; The reflex exam finding are 1 / 4 (1 out of 4) Very weak reflex. ; The reflex changes are in one leg or foot. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for a pre-operative study. ; It is not yet determined when the patient will have back surgery.	8
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The reason for this request is for something other than back pain, abnormal x-ray, known cancer, pre-operative study or suspected or known spine infection.	24
Unknown	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 case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	4
Unknown	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 case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	4

Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	4
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; 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	20
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	16
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4
Unknown	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 is a request for a pelvis CT angiography.	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; An X-ray showed the abnormality.; Abnormal imaging is the reason for this request.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has NOT participated in conservative care treatment in the past 6 months. ; Wrist or hand pain is the reason for this request.; Joint tenderness is documented in the office visit note.; A wrist or hand X-ray has been completed in the past 3 months.	4

Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Orthopedics; The patient has participated in conservative care treatment in the past 6 months. ; The patient has attempted physical therapy for the pain recently. ; Shoulder pain is the reason for this request.; The office visit note findings are not listed above. ; The patient has completed a shoulder X-ray in the past 3 months.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a 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.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	4
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.	12
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 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.	4
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 not directed conservative treatment for the past 4 weeks.	8
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.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	4
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 arthrscopy is not scheduled in the next 4 weeks.	8
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.	8
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 not directed conservative treatment for the past 4 weeks.	8
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 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 abnormal.	4
Unknown	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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	4

Unknown	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.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	4
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 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.	4
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 foot MRI.; The study is being ordered for suspected fracture.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.; It is not known if the patient has had a recent bone scan.	4
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 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.	4
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 foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	4
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 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.	8
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 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	16
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 Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics	4
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 an Ace bandage; The ordering MDs specialty is NOT Orthopedics	4

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	4
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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics	4
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.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	12
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 had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	20
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 being treated with Crutches; The ordering MDs specialty is NOT Orthopedics	4
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 an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	12
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 study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year	8
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	16
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	8
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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	8

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 study is being ordered 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
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 study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; It is unknown when the primary symptoms began	8
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 study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	8
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 not failed a 4 week course of conservative management in the past 3 months.	4
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 not for hip pain.; The study is not requested for any of the standard indications for Knee MRI	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	8
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	4
Unknown	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Is this a request for one of the following? MR Angiogram lower extremity	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; It is not known if this patient is experiencing hematuria.; This study is being ordered for a kidney/ureteral stone.	4
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..	32
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	4

Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This patient is experiencing hematuria.; This is NOT a Medicare member.; This study is being ordered for a kidney/ureteral stone.	4
Unknown	Disapproval	74150 Computed tomography, abdomen; 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.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	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	This is a request for CT Angiography of the Abdomen and Pelvis.	8
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; It is unknown how long the pain has been present.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	A CMP lab test has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	12
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed elevated LFTs; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present more than 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if any lab tests have been completed in the last 3 months; or lab tests have NOT been completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; It is unknown if a kidney stone is suspected.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	48
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The past has NOT completed diagnostic testing in the past 3 months. ; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's blood work is not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count (WBC) value is unknown. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present between 2 - 6 weeks.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed lab testing. ; This study is requested for evaluation of cancer or a tumor.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; The findings from prior imaging is something other than listed above.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows another problem that is not listed.	16
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed a low hemoglobin.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing bloating or abdominal fullness.	4
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A kidney problem is the reason for this request. ; The kidney problem was found on something other than prior imaging.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	A liver problem is the reason for this request.; The liver problem was found on prior imaging.; The prior imaging showed indeterminant liver lesion(s).	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if the patient had recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient did NOT have recent gallbladder surgery.; A MRCP or bile duct problem is the reason for this request.	4
Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evalutation of coronary calcification.	8
Unknown	Disapproval	75574 Ct Angio Hrt W/3d Image	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procecure is being requested	4
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	8
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; The patient had another study not listed	4
Unknown	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Requestor has decided to proceed with the unlisted code.; This procedure is NOT being requested for screening in a patient with a known genetic mutation, CRMO (Chronic Recurrent Multifocal Osteomyelitis), or Malignancy (such as myeloma).	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	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

Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	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.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	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.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 3 months; The internal carrier ID is not 67.	4
Unknown	Disapproval	78451 Ht Muscle Image Spect Sing	Radiology Services Denied Not Medically Necessary	Will Fulton Braughton is a 63 y.o. male who presents to establish care with concerns of atherosclerosis. ; ;Was found to have coronary disease incidentally on a CT chest at NPMC. Of note, his CT chests since 2022 have all shown severe coronary calcifica; This is 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	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; This study is being ordered for Follow-up to a prior test	4
Unknown	Disapproval	93307 Tte W/O Doppler 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 Heart Failure; This is for the initial evaluation of heart failure.	8
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	93307 Tte W/O Doppler Complete	Radiology Services Denied Not Medically Necessary	This study is being ordered 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.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago	4
Unknown	Disapproval	93350 Stress Tte Only	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	4
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for a pituitary tumor.; This request is for a suspected pituitary tumor.	4
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being requested for another reason not listed above.; This procedure is being requested for another reason that is not listed above.	4

Urology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The reason for this request is back pain. ; The patient's age is 6 years or older.; The patient has a new onset of bowel or bladder dysfunction. ; The patient is having worsening back pain symptoms. ; Clicked to continue	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; The ordering provider is an urologist.	4
Urology	Approval	72192 Computed tomography, pelvis; without contrast material		This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)			12
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient had a previous prostate biopsy.	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; It is unknown if the patient is having a prostate biopsy.	4
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 - 2 months.	8
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		A prostate problem is the reason for this request. ; The patient has an elevated PSA. ; The patient has NOT had a previous prostate biopsy. ; The patient is having a prostate biopsy.; The patient's prostate biopsy is scheduled within the next 1 month.	12
Urology	Approval	74150 Computed tomography, abdomen; without contrast material			4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; This is NOT a Medicare member.; This study is being ordered for a suspicious mass or tumor.	16
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; 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.; This study is being ordered for a suspicious mass or tumor.	4
Urology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; This is NOT a Medicare member.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material			12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; It is unknown what the lab tests showed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		It is unknown if there is a concern for an urinary tract infection (UTI).; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows 0 - 2 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis shows greater than 25 RBC/hpf. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The last Abdomen and Pelvis CT was completed more than 9 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Urology; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	36
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is Urology; This study is requested for another reason that is not listed.	116
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The past has NOT completed diagnostic testing in the past 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient does NOT have a fever greater than 101 degrees and does not have pain. ; The patient's most recent white blood cell count value is less than 12,000 WBC.; The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a fever greater than 101 degrees and has pain. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present between 2 - 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a known cancer. ; This study is requested for evaluation of cancer or a tumor. ; The ordering provider is an urologist.	92
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has a suspected tumor or cancer. ; The ordering provider is NOT a oncologist, surgical oncologist, pediatric oncologist, or hematologist oncologist.; The patient has completed an ultrasound. ; This study is requested for evaluation of cancer or a tumor.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The patient has completed diagnostic testing in the past 3 months. ; The patient has completed an abdominal X-ray or KUB x-ray.; Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests were normal. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	28
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	44
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; A cyst was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A cyst was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal X-ray has been completed. ; Kidney stone(s) were found on prior imaging.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	12
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; A kidney or ureteral stone was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; An abdominal ultrasound has been completed. ; Hydronephrosis was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the urinary tract. ; The prior imaging completed is something other than what is listed above.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal CT scan has been completed. ; A possible abscess was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows an abscess or infection. ; An abdominal ultrasound has been completed. ; A cyst was found on prior imaging.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows cancer or tumor. ; An ultrasound has been completed.; The test did show findings that were concerning for cancer.	4

Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for abnormal labs. ; The patient's lab results showed an elevated WBC count.; The patient does NOT have abdominal pain.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present less than 2 weeks.	92
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the lower abdomen.; The pain has been present less than 2 weeks.	4
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present less than 2 weeks.	8
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	16
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The ordering MDs specialty is Urology; This request is for another reason not listed above.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a renal cyst. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	8
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; It has been less than 12 months since the last CT or MRI for this problem. ; The last abdomen MRI was completed more than 12 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has a solid mass. ; The patient has not completed a prior CT or MRI for this problem. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer within the past 3 years. ; The last abdomen MRI was completed 3 - 6 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The patient has cancer. ; The patient has been treated for cancer within the past 3 years. ; The last abdomen MRI was completed less than 3 months ago. ; A kidney problem is the reason for this request. ; The kidney problem was found on prior imaging.	4
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		The size of the pancreatic cyst is 1.5 - 2.5 centimeters (cm). ; A pancreatic cyst is the reason for this request.	4
Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with an Other Tracer	4
Urology	Approval	78813 Positron emission tomography (PET) imaging; whole body		This is a request for a PET Scan; This is for a PET Scan with PSMA.	4

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		The patient has a current or past history of diagnosed cancer.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); It is unknown if this is for a new diagnosis (initial staging)	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has another type of cancer not listed.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Melanoma.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; Cancer is the primary reason for this study.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose); This is for a new diagnosis (initial staging); The patient has Prostate cancer.	4
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Pet Scan with CT for Attenuation.; This is for a PET Scan with PSMA.	32
Urology	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.	4
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A concern other than a prostate problem, inflammatory bowel disease, cancer, pelvic pain, a gynecological problem, or a pre-operative study is the reason for this request.	4
Urology	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 a mass, tumor or cancer.	4
Urology	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 trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; It is unknown how long the pain has been present.	4

Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located in the flank or back.; The pain has been present more than 6 weeks.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	An urinalysis has been completed in the last 3 months. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing acute or sub-acute pain.; The pain is located throughout the entire abdomen.; The pain has been present more than 6 weeks.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Both a CMP and urinalysis has been completed in the last 3 months. ; The lab tests showed an urinary tract infection. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing chronic pain.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The most recent urinalysis was a dipstick urinalysis only. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The blood in the urine is NOT visible. ; The results of the most recent urinalysis is unknown or not completed. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The last Abdomen and Pelvis CT was completed less than 6 months ago. ; This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal MRI has been completed. ; A mass or tumor was found on prior imaging.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Urology; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is suspected.	8
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Urology; This study is requested for another reason that is not listed.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing blood in the urine.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There is NOT a concern for an urinary tract infection (UTI). ; The blood in the urine is visible. ; This study is requested for abnormal labs. ; The patient's lab results showed hematuria.; A kidney stone is NOT suspected.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; An abdominal CT scan has been completed. ; The finding from prior imaging is something that is not listed above.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is a follow up of abnormal prior imaging.; The office visit note or the prior imaging shows a problem with the kidney(s). ; The prior imaging completed is something other than what is listed above.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for abnormal labs. ; The patient's lab results showed another finding not listed above.	4
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This study is requested for the evaluation of symptoms (including abdominal, flank, and/or back pain.; The patient is experiencing symptoms that are not listed above.	8
Urology	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4

Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		The procedure is planned in 6 months or less; The ordering provider's specialty is NOT Neurological Surgery; This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; A procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; A recent ischemic stroke or TIA (Transient Ischemic Attack) is the reason for this request.; There has been a stroke or TIA within the past 2 weeks.	4
Vascular Surgery	Approval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		This request is for both Brain and Neck CT Angiography.; An Abnormal ultrasound of the neck or carotid duplex imaging is the reason for this request.; There has been an ultrasound of the neck or carotid arteries in the last 3 months.; It is unknown if a procedure is being considered for this problem.; The ultrasound showed greater than or equal to 70% stenosis.	16
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	24
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 Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member does NOT have a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	24
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	20
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 Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4

Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		The ordering MDs specialty is NOT Urology; This study is requested for another reason that is not listed. ; This request is NOT related to a solid organ transplant.	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	4
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular Surgery; This procedure is being requested for pre-procedural evaluation	12
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Doppler Ultrasound; The study was abnormal	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had a Pulse Volume Recording; The study was abnormal	8
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	12
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This procedure is being requested for something other than listed	4
Vascular Surgery	Approval	78451 Ht Muscle Image Spect Sing		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	4
Vascular Surgery	Disapproval	70471 Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This request is for both Brain and Neck CT Angiography.; The reason for this request is for another concern not listed.	4

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	This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular 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 not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	4
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	This is a request for CT Angiography of the Abdomen and Pelvis.	4
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	This study is being ordered for Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
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	This study is being ordered for Vascular Disease; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurysm documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	4
Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; It is unknown if the patient had any other studies	4
Vascular Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the legs; No other study was performed	4